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## **COVER LETTER**

	egistration Sec ivision of Corp		•		,
SUBJECT		Farm & Peed LLC			
JODJEC 1		Name of Lim	ited Liability Company		<del></del>
The enclos	ed Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please retu	rn all correspon	dence concerning this matter	to the following:		
		Tracy Brandt			
			Name of Person	<u> </u>	
		Crooked W Farm & Feed I	LLC		
			Firm/Company		<del></del>
		13046 State Rd. 45			
			Address		
		Archer Florida 32618			
		crookedwfarmandfeed@gm	City/State and Zip Code ail.com		
		E-mail address: ()	to be used for future annual repo	ort notification)	<del></del>
For further	information co	ncerning this matter, please ca	ill:		
Scott J.	Weltz		352 495 90	990	
	Name of	Person	Area Code I	Daytime Telephone 1	Sumber
Enclosed i	s a check for the	following amount:			
<b>■</b> \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Ce d) Ce	0.00 Filing Fee, ertificate of Status & ertified Copy ditional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Crooked W Farm & Feed LLC	
(Name of the Limited Liability Company as it (A Florida Limited Liability	t now appears on our records.) y Company)
he Articles of Organization for this Limited Liability Company were	filed on 9/17/19 and assigned
orida document number 1190003850	53
nis amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability co	ompany here:
ne new name must be distinguishable and contain the words "Limited Liability Cor	npany," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	201
	,
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	<u>-0 · · · </u>
	12
<del></del>	
. If amending the registered agent and/or registered office a	address on our records, enter the name of the
egistered agent and/or the new registered office address here:	
Name of New Registered Agent:	<del></del>
New Registered Office Address:	
	Enter Florida street address
<b>i</b>	Florida
	ity Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Tracy Torregrossa Brandt	13842 Marine Drive Orlando FL 32832	<b>_</b> _ Add
	•		Remove
MCD	Scott J. Weltz	11317 SW 234th Street	
MGR	Archer FL 32618	■ Add	
		□ Remove	
		Change	
•	<u>.                                    </u>		
		☐ Remove	
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F) 66	
(If an ef	ive date, if other than the date of filing:
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
docum	sent's enective date on the Department of State's records.
tha ra	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
	e 90th day after the record is filed.
	•
Dated	October 18 2019

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Typed or printed name of signee

Filing Fee: \$25.00