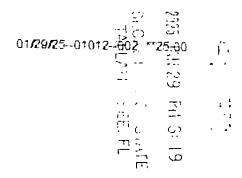
# L19000241295

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	<u> </u>
(0.4), 0.510.2,	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
(Boodinent (Validet)	
	<b>.</b> .
Certified Copies Certificates of S	Status
Special Instructions to Filing Officer:	





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# **COVER LETTER**

Registration Section

TO:

Divi	ision of Cor	porations			
CHDIECT.	Naked Fari	mer Food LLC			
SUBJECT:		Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub	_		
Please return	all correspo	ndence concerning this matter	to the following:		
		Jordan Johnson			
			Name of Person		
		Naked Farmer			
			Firm/Company		
		615 Channelside Drive #2	07		
			Address		
		Tampa, FL 33602			2073
		<u> </u>	City/State and Zip Code		275 JAL
		jordan@eatnakedfarmer.com			
			to be used for future annual repo	rt notification)	·// . =
For further in	formation co	oncerning this matter, please co	all:		[FI : Q
Jordan Johnson 407 9228044 at ( )				平江	
	Name o	f Person		Daytime Telephone Number	
Enclosed is a	check for th	ne following amount:			
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certified (	e of Status &
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Mailing Address: Registration Section Division of Corpor The Centre of Tallahassee, FL 32314  Tallahassee, FL 32314			n Section  Corporations  of Tallahassee  onroe Street, Suite 81	0	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		City	Zip Code
	Tampa		, Florida <u>33602</u>
New Registered Office Address:		Enter Florida street ad	ldress
	615 Channelsic	de Dr #207	
Name of New Registered Agent:	Jordan Johnson	1	
igent and/or the new registered office address	ss nere:		FA G
B. If amending the registered agent and/or ragent and/or the new registered office addres		address on our records, <u>en</u>	
			7
	<u></u>		÷. Ω
(Mailing address MAY BE A POST OFFICE BOX)		Tampa, FL 33602	- [
Enter new mailing address, if applicable:		615 Channelside Dr #207	20 E S L
(Principal office address MUST BE A STREE	T ADDRESS)	Tampa, FL 33602	
Enter new principal offices address, if applicable:		615 Channelside Dr #207	
The new name must be distinguishable and contain the w	ords "Limited Liabi		LLC" or the abbreviation "L.L.C."
A. If amending name, enter the new name of	f the limited liab	oility company here:	
This amendment is submitted to amend the follo	owing:		
Florida document number L19000241285	·		
The Articles of Organization for this Limited Li	iability Company	were filed on	and assigned
( <u>C.p. 2. 112. 1111. 1</u>	(A Florida Limited	any as it now appears on our re- Liability Company)	<del></del> /
(Name of the Limit	ed Liability Compa	any as it now appears on our re-	cords.)

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

NEAD TO BE DIMED BOYOUT LEGS

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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

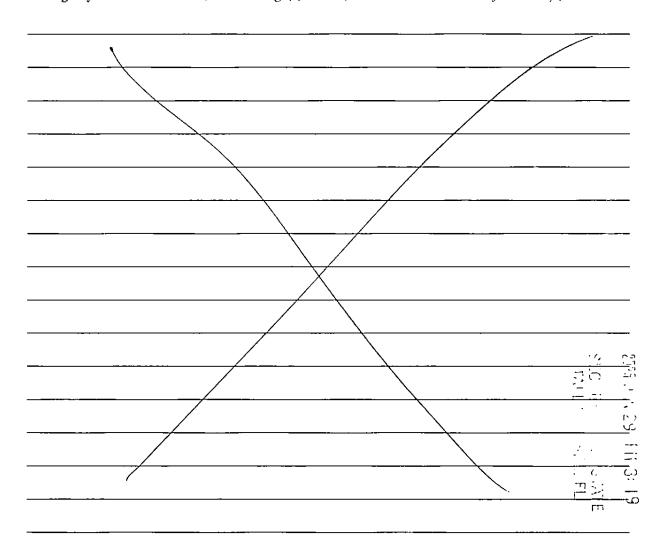
If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
		<del></del>	Remove
			Change
			□Add
			Remove
			□Change
			Add 25
			Add Remove)
			Change 3
			DAdd G
			□Remove
			□Change
			□ Remove
			□ Change
			\_\Add
		<u> </u>	□ Remove
			□Change

### D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)



# E. Effective date, if other than the date of filing: \_\_\_\_\_\_ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

