L19 CCC 243 8412

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





000335956530

10/28/19--01019--027 **25.00

DIVISION OF CORPORATIONS

NOV 18 2013 C MCNAIR

COVER LETTER

TO: Registration Se Division of Cor			· <u>· · · · · · · · · · · · · · · · · · </u>
SUBJECT:	·	ACCES, LLC ited Liability Company	1900,728
	Name of Lini	rect Elability Company	· 50
			3
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Catherin	ne Test Name of Person	
	Hatchbend	AAcres, LLC	
		Firm/Company	
	8690 NW	45th Court	
		Address	
	Lake Bi	ofler, FL 32	.054
	delbertk	offer, FL 32 City/State and Zip Code Katie @ gmail	,com
		to be used for future annual report noti-	
For further information c	oncerning this matter, please ca	all:	
	ncTest	at (386) 365-	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional 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

HATCHBEND ACRES, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Fiorita Cunited	iciaomity Company)	. 1	4 33
The Articles of Organization for this Limited Liability Company Florida document number <u>L 19000 2438</u> H2		<u> 9126119</u>	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	bility company h	sere:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the	designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>
		<u> </u>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	 		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.		n our records, <u>enter</u>	the name of the nev
Name of New Registered Agent:	<u> </u>		
New Registered Office Address:			
	Enter Fle	orida street address	
		, Florida	
	Cïţy		Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>l:</u>		

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
AMBR	ARC Farms, LLC	4631 W. State Road 2	38
		Lake Butler, FL 32054	□ Remove
			Change
AMBR	CCWC, LLC	1970 main St #201	DAdd
		Sarasota, FL 34236	Remove
			Change
			D Add
			☐ Remove
			Change
			□ Add
			Remove
			Change
			□ Add
			□ Remove
			Change
			🗆 Add
			Remove
			□ Change

_	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
_	
_	
_	
-	
_	
-	
_	
_	
-	181.22
-	
-	· · · · · · · · · · · · · · · · · · ·
Note:	ve date, if other than the date of filing:
e red The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	10/24/19
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00