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Certified Copies	Certificates o	f Status
Special Instructions to Fil	ing Officer:	





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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Divi	sion of Cor	porations		
		OLD FARMS, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		BRIAN ROSE		
			Name of Person	
		CC SAFFOLD FARMS,	LLC	~ ~3
		·	Firm/Company	- : :
111 S. ARMENIA AVE., SUITE 201				E23 HC ¥ 21 - £
			Address	
		TAMPA, FL 33609		
			City/State and Zip Code	 '. ∷
		brose@eisenhowerproper		on
		E-mail address: (to be used for future annual report not	ification)
For further in	formation c	oncerning this matter, please ca	all:	
BRIAN RO	OSE		813 610-3043	
	Name o	f Person	at () Area Code Daytin	ne 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)	■ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	ling Addres		<u>Street Address:</u> Registration Se	ection
Div	ision of C	orporations	Division of Co	rporations
P.O). Box 632	. /	The Centre of	i aiianassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CC SAFFOLD FARMS, LLC			
(Name of the Limit	ed Liability Compa (A Florida Limited I	ny as it now appears on our rec liability Company)	cords.)
The Articles of Organization for this Limited Li Florida document number	ability Company	were filed on	and assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
			20.
The new name must be distinguishable and contain the w	ords "Limited Liabil	ity Company." the designation "	LLC" or the abbreviation, L.L.C."
Enter new principal offices address, if applic	able:	111 S. ARMENIA AVE.	
(Principal office address MUST BE A STREE	cipal office address MUST BE A STREET ADDRESS) SUITE 201		
- men office and elso meet 195 men elso		TAMPA, FL 33609	i i i i i i i i i i i i i i i i i i i
			ંડ
Enter new mailing address, if applicable:			, 6
(Mailing address MAY BE A POST OFFICE)			
www.mir.bz.nr.on.err.eb.be.ny		TAMPA, FL 33609	
B. If amending the registered agent and/or ragent and/or the new registered office address	~	address on our records, <u>en</u>	ter the name of the new register
Name of New Registered Agent:	JEFFERY S. I	HILLS	
New Registered Office Address:	III S. ARMI	ENIA AVE.; SUITE 201	
		Enter Florida street ad	dress
	TAMPA		, Florida 33609
	-		· · · · · · · · · · · · · · · · · · ·

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.

City

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	Eisenhower Management, Inc.	111 S. Armenia Ave. #201; Tampa, FL 33609	≡ Add
			□Remove
			🗆 Change
MGR	RON CARPENTER	142 W PLATT ST, #116, TAMPA, FL 33606	□Add
			Remove
			Litenange (1)
			□Remove
			□Change
			□Add
			□Remove
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ective date, if other than the date of filing:			(onti	onal)	
reflective date is listed, the date must be specific and c	cannot be prior to d	ate of filing or mo	re than 90 days afte	r filing.) Pursua	ant to 605.026
te: If the date inserted in this block does not me cument's effective date on the Department of Sta		statutory ming	requirements, thi	s date will no	ot be listed a
ecord specifies a delayed effective date, but not a s filed.	nn effective time.	at 12:01 a.m. o	n the earlier of: (1	o) The 90th	day after th
ned 11-20-2023					
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Filing Fee: \$25.00

Typed or printed name of signee