Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

(((H20000080100 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

from:

Account Name : MCLIN & BURNSED P.A.

Account Number : 104657003604 Phone : (352)753-4690

Fax Number : (352)751-4993

\*\*Enter the email address for this business entity to be used for future
annual report mailings. Enter only one email address please.\*\* Email Address: Carlie S@malinburnsed

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PASTURE PRIME FAMILY FARM, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

MAR 1 1 2020

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

MCLIN BURNSED LSL

Pasture Prime Family Farm, LLC			
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)		
The Articles of Organization for this Limited Liability Company were filed on 02/03/2020  Torida document number L20000032885		and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	lity company bere:		
N/A			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or	the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	N/A		
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	ZDZO HAR	
B. If amending the registered agent and/or registered office agent and/or the new registered office address bere:	address on our records, enter th		
Name of New Registered Agent:		<u> </u>	
New Registered Office Address:	Enter Florida street address	53 10,4	
	Flori		
	City	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 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>	Name	Address	Type of Action
MGR	Lauri Siverson	13639 NE 13th Street	□Add
		Oxford, FL 34484	■Remove
			☐ Change
MGR Laura Siverson a/k/a Lauri Siverson	Laura Siverson a/k/a Lauri Siverson	13639 NE 13th Street	≣Add
	Oxford, FL 34484	□Remove	
			□ Change
			□Remove
			☐ Change
			□Add
		□Remove	
			☐ Change
			□Add
			□Remove
			□ Change
			⊡Add
			□ Remove

	/A
_	
_	
_	
-	
_	
_	
به	
_	
-	
_	
-	
•	
	(ontional)
Note:	(optional)  fective 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  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.
reco d is f	rd 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 led.
Dated	3.10.2020 2020
J4164	
	$\sim 10^{-1}$
	Signature of a member or authorized representative of a member

Typed or printed name of signee