

2/23/23, 8:03 AM

Division of Corporations

L200000070343

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

Second Submission - please honor
original 2/23/2023 submission date!

From:

Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608)827-5300
Fax Number : (608)827-5501

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: maddie@csfamilyfarms.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SEXTON FAMILY FARMS LLC**

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Corporate Filing Menu

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T. LEMIEUX

MAY 10 2023

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sexton Family Farms LLC

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

The Articles of Organization for this Limited Liability Company were filed on 2/11/2020 and assigned
Florida document number L20000042495

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

6309 Corporate Ct

Unit 201

Fort Myers, Florida 33919

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6309 Corporate Ct

Unit 201

Fort Myers, Florida 33919

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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 Changing Registered Agent, Signature of New Registered Agent

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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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Stephen Sexton	6309 Corporate Ct, Unit 201	<input type="checkbox"/> Add
		Fort Myers, Florida 33919	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Madeline Sexton	6309 Corporate Ct, Unit 201	<input type="checkbox"/> Add
		Fort Myers, Florida 33919	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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