

LZO 000074397

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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END

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLORIDA FARM DIRECT LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

EDWIN L CRAMMER CPA

Name of Person

EDWIN L. CRAMMER PA

Firm/Company

3801 N UNIVERSITY DRIVE SUITE 318

Address

SUNRISE, FL 33351

City/State and Zip Code

edwin@edwinlcrammerpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Edwin L. Crammer

954

742-8700

Name of Person

at ()

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2021 MAY -5 A 11 24

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FLORIDA FARM DIRECT 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 03/06/2020 and assigned
Florida document number L20000074397.

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:

410 NE 6TH AVENUE

(Principal office address MUST BE A STREET ADDRESS)

DEERFIELD BEACH, FL 33441

Enter new mailing address, if applicable:

3801 N UNIVERSITY DRIVE SUITE 318

(Mailing address MAY BE A POST OFFICE BOX)

SUNRISE, FL 33351

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:

EDWIN L. CRAMMER CPA

New Registered Office Address:

3801 N UNIVERSITY DRIVE SUITE 318

Enter Florida street address

SUNRISE

City

Florida 33351

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

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>
MGR	RUDENKO KONSTANTINE	1123 HIDDEN COVE CIRCLE N	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32233	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ALLA KARTEL	410 NE 6TH AVENUE	<input checked="" type="checkbox"/> Add
		DEERFIELD BEACH, FL 33441	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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04/15/2021

2021
-5
A1: 24

-5
At 11:24
with day

7
Day after the
A1:24

Kanarth R. Menko
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00