LZO 0000 74397

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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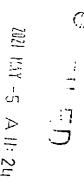
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COVER LETTER

TO: Rep	gistration Sec vision of Corp	ction porations						
SUBJECT:	FLORIDA F	FARM DIRECT LLC			٠	••		
oonazer.		Name of Li	mited Li	ability Compar	ıy	-	<u> </u>	
The enclosed	! Articles of A	Amendment and fee(s) are su	bmitted	for filing				
		dence concerning this matte		_				
		EDWIN L CRAMMER C	CPA					
				Name of Perso	n	 -	<u> </u>	
		EDWIN L. CRAMMER I	PΑ					
				Firm/Company	,	<u>. </u>	<u> </u>	
		3801 N UNIVERSITY DI	RIVE SI	JITE 318				
			<u></u>	Address	<u>.</u>	<u> </u>		
		SUNRISE, FL 33351						
			City/	State and Zip (Code			
		edwin@edwinlcrammerpa.						
		E-mail address: (to be use	ed for future an	nual report no	tification)		
For further in	formation con	cerning this matter, please c	all:					
Edwin L. Cra	mmer			954	742-8700			
	Name of P	erson		at (Area Code) Daytir	ne Teleph	one Number	
								921
Enclosed is a	check for the	following amount:						=
X \$25.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	(55.00 Filing 1 Certified Cop, additional copy i	y.		\$60.00 Filing Certificate of Certified Cop (additional copy	Status &
	ing Address: stration Sec	tion			t Address:			
	sion of Cor				istration Se sion of Coi		ns	
P.O.	Box 6327			The	Centre of T	Tallahas	see	
r arta	hassee, FL	<i>525</i> 14		2415	N. Monro	e Street	, Suite 810	

Tallahassee, FL 32303

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)

	(A Florida Limited	Liability Company)				
The Articles of Organization for this Limited I Florida document number L20000074397	Liability Company	were filed on <u>03/06/2020</u>	and assigned			
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name of	of the limited liab	ility company here:				
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."			
Enter new principal offices address, if applicable:		410 NE 6TH AVENUE				
(Principal office address MUST BE A STREE	ET 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 ragent and/or the new registered office address	egistered office a ss here: EDWIN L. CRA		e of the new registered			
Name of New Registered Agent:			92			
New Registered Office Address:	3801 N UNIVE	RSITY DRIVE SUITE 318				
	SUNRISE	Enter Florida street address	ا دم -			
		, Florida 333	Zip Code			
New Registered Agent's Signature, if changing F	Registered Agent:) 1: 2			
hereby accept the appointment as registered provisions of all statutes relative to the property of the obligations of my position as registering filed to merely reflect a change in the recompany has been notified in writing of this decompany has been notified in writing of the decompany has been notified in writing of this decompany has been notified in writing of the decompany has been notified in writing the decompany has been notified in writing of the decompany has been notified in writing the decompany has been notified in the decompany has been notified in the decompany has been notified in the decompany ha	er and complete p stered agent as p registered office o	performance of my duties, and I am for rovided for in Chapter 605 FS Or	ree to comply with the amiliar with and if this document is			

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	RUDENKO KONSTANTINE	1123 HIDDEN COVE CIRCLE N	
		JACKSONVILLE, FL 32233	■Remove
			Change
AMBR	ALLA KARTEL	410 NE 6TH AVENUE	■Add
		DEERFIELD BEACH, FL 33441	
			□ Change
			□Remove
		☐ Change	
<u> </u>			□Add
			□Remove
			Change
			P □Remove □ □ □ Change
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Tective date, if othe	r than the date	of filing: 04/15.			(option:	<u>18</u>	
an effective date is listed	, the date must be spe	ecific and cannot be	e prior to date of f	iling or more than	90 dave after fili	no) Purquantia 6	05.0207
ote: If the date insert ocument's effective da	ite on the Departn	ent of State's re	ords,	tory tunig requir	ements, this da	1	isted as
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	yed effective date,	but not an effec	tive time, at 12:	01 a.m. on the ea	arlier of: (b)		ter the
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APRIL 15		2021					
ecord specifies a dela is filed. APRIL 15		2021	,				
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APRIL 15	en tart	2021	Aen/Corauthorized repre	sentative of a men	nber		

Filing Fee: \$25.00