

h20000074904

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

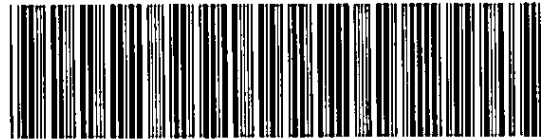
(Document Number)

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01/06/22--01019--028 **7.50

12/10/21--01017--019 **52.20

2022 JAN 18 10:18 AM
HARRIS COUNTY, TEXAS
CLERK OF COURT

A. BUTLER

JAN 18 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: True North Farms 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:

Kimberly Powell
Name of Person
True North Farms
Firm/Company
17413 NW 251 Dr
Address
High Springs, FL 32643
City/State and Zip Code
Kim@truenorthfarms.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kim Powell at (305) 345 5705
Name of Person 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)

*paid b/w 2 checks.
52.50
+ 7.50
60.00*

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

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

True North Farms LLC

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

2022 JAN -3 11:17:12

The Articles of Organization for this Limited Liability Company were filed on 3-6-2020 and assigned
Florida document number L20000074904

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Matthew Powell new partner, Jason Wyatt
will receive 50% of Matthew Powell's shares.
Once complete - Matthew & Jason will each
own 50% of TNF, each will be titled as
Manager.

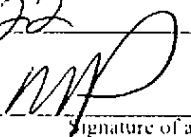
E. Effective date, if other than the date of filing: 1-1-2022 (optional)

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 1-1-2022



signature of a member or authorized representative of a member

Matthew D. Powell

Typed or printed name of signee



RECEIVED

2022 JAN -5 AM 10:39

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FL

December 22, 2021

KIM POWELL
17413 NW 251 DR
HIGH SPRINGS, FL 32643

SUBJECT: TRUE NORTH FARMS, LLC
Ref. Number: L20000074904

We have received your document for TRUE NORTH FARMS, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a PROFIT CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 621A00030888

Hello,
you have ^{cashed} my check for 52.50 - so the
check that is with the correct forms
is for the difference. (which will total \$60.00. ^{between the 2 checks})
Thanks Kim Powe!!