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(Requestor's Name)
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(Business Entity Name)
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(Document Number)
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COVER LETTER

TO:	Registration Se- Division of Cor		3			
cup is		se Family Farm, LLC				
Name of Limited Liability Company						
The end	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please 1	eturn all correspo	ndence concerning this matter	to the following:			
		Daniel Hicks				
			Name of Person			
		Daniel Hicks, P.A.				
			Firm/Company			
		421 S. Pine Avenue				
			Address	•••		
		Ocala, Florida 34471				
		<u> </u>	City/State and Zip Code			
		weclose2@danielhickspa.co	om to be used for future annual report no	tification)		
				uncaton)		
For fur	ther information c	oncerning this matter, please ca	all:			
Ryan A	Audette		352 895-4454 at ()			
	Name o	f Person	Area Code Dayti	me Telephone Number		
Enclose	ed is a check for th	ne following amount:				
■ \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fec, 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rainbow Risc Family Farm, LLC		
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) ility Company)	
The Articles of Organization for this Limited Liability Company we	ere filed on April 02, 2020	and assigned
Florida document number L20000096836		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	y company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
_		·
Enter new mailing address, if applicable:	·	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
<u>-</u>	<u></u> _	
B. If amending the registered agent and/or registered office addingent and/or the new registered office address here:	lress on our records, <u>enter the nam</u>	e of the new regi
egent andror the new registered office address here.		21:
Name of Naw Pagistared Agents		
Name of New Registered Agent:	<u> </u>	0
New Registered Office Address:	Enter Florida street address	: ·
	omer rioriaa street adaress	
	, Florida	Zip Code
	Cuy	zip Coar)

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>	Address	Type of Action
MGR	C.R.G. McCormick Audette	6147 SW 81st Street	□ Add
		Ocala, Florida 34476	■Remove
			☐ Change
MGR	Clint Ryan George McCormick Audett	te 6147 SW 81st Street	≣Add
		Ocala, Florida 34476	□Remove
		-	Change
			□Add
			□ Remove
		· · · · · · · · · · · · · · · · · · ·	□Remove
			□ Change
			□ Add
			Change
			
			□Remove
			□ Change

lf an c <u>Note</u>	tive date, if other than the date of filing:
e reco	ord 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 filed.
Date	1 March 5 th 2021
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	organia in a monata in a caracteria in a carac

Filing Fee: \$25.00