## L20000 128136

(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	#)
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## **COVER LETTER**

TO: Registration Se Division of Cor			
L and D's	Farming LLC.		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are subondence concerning this matter		
	David P Cimini Sr.		
		Name of Person	<del></del>
	L and D's Farming LLC.		
		Firm/Company	
	218 NW 111th Lane		
		Address	
	Oxford Florida		
	L.and.Ds.farming@gmail.	City/State and Zip Code	<del></del>
		to be used for future annual report noti	fication)
For further information of	concerning this matter, please ca	all:	
Lisa A Cimini		352 552-7865	
Name o	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		منه په د
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailina Addre	ce.	Street Address	

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

L and D's Farming LLC.			
( <u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our records.) imited Liability Company)		
The Articles of Organization for this Limited Liability Con	npany were filed on	and assigne	ed
Florida document number L20000128136			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company here:		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the ab	obreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	SS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter the nan</u>	e of the new res	gistered
Name of New Registered Agent:		19 JUL	77
New Registered Office Address:			[
	Enter Florida street address	11K	
	, Florida	Zap 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>	Address	Type of Action
PD	Lisa A Cimini	718 NW 111th Lane Oxford FI 34484	= Add
			□Remove
			[]Change
MGR	David P Cimini Sr.	718 NW 111th Lane Oxford FI 34484	□Add
			□Remove
AMBR	David P Cimini Jr.	718 NW 111th Lane Oxford Florida 34484	[]Add
			■Remove
			□Change
			Remove [
			E)Remove
			□Change
<del></del>			🗆 Add
			□Remove
			□Change

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O5/12/2020  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days aff Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records.	tional) er filing.) Pursuant to 605,0207 (3)(b nis date will not be listed as the
The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: ecord is filed.	(b) The 90th day after the
Dated 6/22/ 2020	
Dal Carl	
Signature of a member or authorized representative of a member	

Filing Fee: \$25.00

Typed or printed name of signee