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PICK-UP WAIT MAIL
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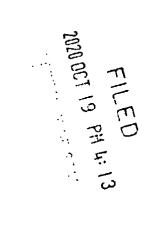
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COVER LETTER

Registration Section Division of Corporations

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лвјест: <u>Pem</u>	berton Ferry Name of Lim	Mar let UC ited Liability Company	
	f Amendment and fee(s) are sub ondence concerning this matter		
case return air corresp	ondence concerning this matter	to the tonowing.	
	Keur	Name of Person	
	Pembert	n Ferry Market L	LC
	10844 W	Yulee Dr.	-
	Ho Mosassa	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	lication)
Levin	concerning this matter, please concerning this matter, please concerning this matter.	at (30) 442-3	3884 e Telephone Number
Name	of Person	Aca Code Dayum	e receptione runner
closed is a check for t	he following amount:		
S25.00 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 Addre Registration Division of C P.O. Box 633 Tallahassee.	Section Corporations 27	Street Address: Registration Second Division of Coron The Centre of Tallahassee, FL	porations Tallahassee e Street, Suite 810

TO ARTICLES OF, AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pembertan Fern	Market	LLC			3
(Name of the Limited/I (A I	iability Company Iorida Limited Liab	as it now appe ulity Company	ars on our records)	.)	TOTAL Y
Articles of Organization for this Limited Liabi	lity Company w	re filed on	C/28/	1 2020	and assigned
ida document number		ic med on _			
	· · ·				- - -
amendment is submitted to amend the following	ng:				the new registered
If amending name, enter the new name of the	e limited liabilit	y company	<u>here</u> :		
new name must be distinguishable and contain the words	"Limited Liability	Company," the	designation "LLC"	or the abbre	viation "1,1,.C."
er new principal offices address, if applicable		• •			
ncipal office address MUST BE A STREET A			· · ·	-	
netput office undress moor buriefichiary	<u>DD ND307</u>				
er new mailing address, if applicable:	-				
iling address MAY BE A POST OFFICE BO	<u>X)</u> _				
	-				
f amending the registered agent and/or regisnt and/or the new registered office address h		lress on our	records, <u>enter t</u>	he name o	f the new registered
Name of New Registered Agent:			<u></u>		
New Registered Office Address:		Entar El	orida street address		
-		City	, Flo	rida	Zip Code
Registered Agent's Signature, if changing Regi	stered Agent:				
reby accept the appointment as registered against of all statutes relative to the proper apply the obligations of my position as register of filed to merely reflect a change in the regipany has been notified in writing of this change in the	and complete pe red agent as pro istered office ad	rformance o vided for in	of my duties, and Chapter 605, F	d I am fam F.S. Or, if t	iliar with and his document is
	If Changin	g Registered A	gent, Signature of	New Registe	ered Agent

removed from our records:

GR = Manager 4BR = Authorized Member

<u>tle</u>	<u>Name</u>	Address	Type of Action
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ctive date, if othe effective date is listed, e: If the date inserte iment's effective da	the date must be sed in this block of	pecific and can loes not meet	the applicable	te of filing or mo statutory filing	e than 90 days af	tional) ter filing.) Purs his date will	suant to 605.020 not be listed a
ord specifies a delag filed.	yed effective dat	e, but not an e	effective time.	at 12:01 a.m. or	the earlier of:	(h) The 90t	h day after the
u <u>Detobe</u>	् ।	ature of a mem	per or admonse.	d representative o	if a member		
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