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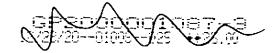
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

ΓO: Registration Se Division of Cor			
SUBJECT: Fan	nies Hase	of lare LLL	
	Name of Lim	ited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
	ndence concerning this matter	-	
	Shevri	Name of Person	
		Firm/Company	
		Sw 63 Ave	
	Mycaveshilott	City/State and Zip Code 3 3023 City/State and Zip Code 3 4 mail. Com to be used for future annual report noti	fication)
for further information co	oncerning this matter, please ca		
Shevri L Name of	oH Person	at (<u>786</u>) <u>617</u> S Area Code Daytim	7422 e Telephone Number
Enclosed is a check for the	ne following amount:		
2 \$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)
Mailing Addres	<u>s:</u>	Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

Farmer House of L	ove LLC	
(Name of the Limited Liability) (A Florida	ty Company as it now appears on Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability C Florida document number <u>L 2000/99799</u>		/ 13, 2020 and assigned
This amendment is submitted to amend the following:	-	
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the design	nation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	2020
) DEC 28
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		= 0
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our reco	rds, <u>enter the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	treet 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

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
Mbl	Shew W lott	3440 Sw 63 AV	⊡∧dd
		Mirama, Fl 33023	□Remove
			□Change
AR	Bryama M lot	3440 Su 63 Axc	DAdd
		Minany FL 33023	SRemove
4.4	,	3440 Siv 63 Avc	Change
14/2	Shurecia W Mc Wight	3440 Sev 63 Ave	- 5 val
		Mina may, Fl 33027	28 Refilove
			: ; —— Б □Change
AR	Transcia W Mitwight	3440 Sw 43 Ave	□Add
		Mirumar, FL 37023	
			Change
AK	Lathana A Nevergen	3440 Sw 63 Ax	🗀 Add
		Miran, FL 33023	ERemove
			□Change
AR	Travell & Mills	3440 Sir 63 Av	□Add
		Miramo, Fl 73627	Remove
			□ Change

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an effective date is in ote: If the date in:	other than the date of isted, the date must be speci iserted in this block does be date on the Departmen	not meet the applic	r to date of filing or r cable statutory filin	nore than 90 days after		
record specifies a c is filed.	delayed effective date, b	ut not an effective t	ime, at 12:01 a.m.	on the earlier of: (b	o) The 90th day aft	er the
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	11 18 1					
	Signaturo	e of a member or auth	orized representativ	e of a member		