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OCT 31 2020 S. YOUNG



COVER LETTER

DIV	ision of Cor	porations		
SUBJECT:	TLO FARM	MS 420 LLC		
50501,C1.		Name of Lin	nited Liability Company	
The encloses	d Articles of	Amendment and fee(s) are sub-	amittad for filing	
			-	
Picase return	i all correspo	ondence concerning this matter	to the following:	
		TRINITY OXNAM & LEI	GHIA MURPHY	
			Name of Person	
		TLO FARMS 420 LLC		
			Firm/Company	
		21971 N RIVER ROAD		
			Address	
		ALVA, FL 33920		
			City/State and Zip Code	
		TLOFARMS420@GMAIL		
		E-mail address: (to be used for future annual report	notification)
For further is	iformation co	oncerning this matter, please ca	all:	
TRINITY O	XNAM		239 229-215 at ()	60
	Name of	f Person	Area Code Da	ytime Telephone Number
E nri osed is a	check for th	ne following amount:		
□ \$25.00 F	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)

TO:

Registration Section

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

TLO Farms 420 LLC

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

ν.		
The Articles of Organization for this Limited Liab	pility Company were filed on 07/29/2020	and assigned.
Florida document number L20000225035	·	1:05
This amendment is submitted to amend the follow	ving:	•
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicat		
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or regagent and/or the new registered office address		r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	?\$\$
	F	lorida
	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 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	LEIGHIA MURPHY	21971 N. RIVER ROAD, ALVA, FL 33920	
			□Remove
			□Change
			🗆 Add
		·	□Remove
			□Change
			□Add
			□Remove
			□ Change
		·	□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change

		•		
SEPTEMBER 21	2020			
ecord specifies a delayed effective stilled.		ive time, at 12:01 a.r	n, on the earlier of: (b)	The 90th day after the
te: If the date inserted in this blooment's effective date on the Do			ling requirements, this d	ite will not be listed as
ective date, if other than the reflective date is listed, the date mus				
		-		
				<u> </u>
				

Typed or printed name of signee