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(City/State/Zip/Phone #)

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Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee FL 32314

**Ref: Article of Amendment Pertaining to Jackfruit Villa Nursery, LLC : Document #L20000239594**

Dear In-charge,

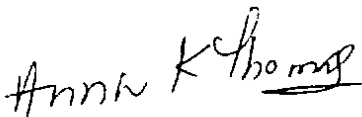
I am submitting a completed Amendment to Article of Organization Form for changing the following provisions:

1. Name: The word "Nursery" is replaced with "Farm" . The new name will be Jackfruit Villa Farm, LLC.
2. Registered Agent: Registered Agent remains unchanged. However, there is a spelling correction. Sigimol Joseph is the correct name.
3. Authorized Persons: Added the name of Mrs. Sigimol Joseph to the list of authorized persons. Thus there will be two persons, namely Mrs. Anna K. Thomas and Mrs. Sigimol Joseph, to manage the company as Authorized persons.

If you have any questions or need further clarification regarding this, please contact me at 561-303 4299 or Mrs. Sigimol Joseph at 919-491-9398.

Thanks.

Sincerely,



Mrs. Anna K. Thomas

Date 9/21/2020

Enclosure: Article of Amendment Form.

fee \$ 25 = 00

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JACKFRUIT VILLA FARM, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MRS ANNA K. THOMAS  
Name of Person

Firm/Company

17320 79th COURT NORTH

Address

LOXAHATCHEE, FL 33470

City/State and Zip Code

JACKFRUITVILLA@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MRS SIGIMOL JOSEPH at ( 919 ) 491-9398  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

JACK FRUIT VILLA NURSERY, LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/07/2020 and assigned

Florida document number L20000239594

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

JACKFRUIT VILLA FARM, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

SIGIMOL JOSEPH

New Registered Office Address:

Enter Florida street address

City, Florida

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.*

x

Sigimol Joseph

If Changing Registered Agent, Signature of New Registered Agent

1

**AMBR = Authorized Member**

**Title**

Name \_\_\_\_\_

**Address**

**Type of Action**

MGR

MRS SIGIMOL JOSEPH

15289 Orange Blvd  
LOXAHATCHEE, FL 33470

☒ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record 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 record is filed.

Ann K. Thomas  
Signature of a member or authorized representative of a member

ANNA K. THOMAS  
Typed or printed name of signer

**Filing Fee: \$25.00**