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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		i.

Office Use Only



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OCT 23 2020 S. YOUNG

COVER LETTER

TO: Registration Sec Division of Corp		•	• •
SUBJECT:	Varner (Name of Limit	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	<u>Kimbe</u>	Pame of Person	
	Glenn	N. Siegel PA	
	1782517	Murdoch Circle	Ste A
	Port Ch	narlotte FL 34	233
		City/State and Zip Code CNN SICQELIAW. (to be used for future annual report notific	
For further information co	ncerning this matter, please ca	oll:	
Kimberly A Name of	Reese Person	at (<u>941</u>) <u>255. /</u> Area Code Daytime	235 Telephone Number
Enclosed is a check for the	following amount:		
\$\$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 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

VARNER CITRUS, LLC		SP
(Name of the Limited I	Liability Company as it now appears on our records.) Florida Limited Liability Company)	01.55 F
The Articles of Organization for this Limited Liabi	ility Company were filed on August 19, 2020	and assigned
This amendment is submitted to amend the followi	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the word Enter new principal offices address, if applicable of the Appl	le:	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	1.1
B. If amending the registered agent and/or regi agent and/or the new registered office address b	istered office address on our records, <u>enter the</u> here:	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	da
	Ciţ	гір Соде

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
MBR	Steven E. Varner	1114 FM 27	∴Add
		Wortham, Texas 76693	□ Remove
			≅Change
MBR	Patricia A. Vamer	1114 FM 27	
		Wortham, Texas 76693	□Remove
			■Change
			□Add
			□Remove
			
			☐Change
			bbA□
			□Change
		An	
			□Remove
			□ Change

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Note:	If the date inse	ner than the da ad, the date must be rted in this block date on the Depar	k does not n	neet the app	licable statuto	ing or more than	(option 190 days after fil rements, this d	ai) ling.) Pursuant to 6 late will not be l	05.0207 isted as
e record		layed effective o	late, but not	an effective	time, at 12:0	1 a.m. on the	earlier of: (b)	The 90th day at	fter the
Dated_		9-2		2020	·				
	70-	1 / / / / / / /							
	19 m	Si	gnature of a	member or au	thorized repres	sentative of a m	ember		

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Filing Fee: \$25.00