## 120000356531

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## COVER LETTER

Divi	sion of Corp	porations		
	Sweet T Far	m LLC		
SUBJECT:		Name of Limi	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Laura Davies		
			Name of Person	<del></del>
		Sweet T Farm LLC		
		<del></del>	Firm/Company	
		25 Se 69th PI		
			Address	, , , , , , , , , , , , , , , , , , ,
		Ocala, FL 34480		
			City/State and Zip Code	<del></del>
		sweettfarmlle@gmail.com E-mail address: (	to be used for future annual report notif	fication)
For further in	iformation c	oncerning this matter, please ca		
Laura Davies	S		571 218 7208	
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a	check for th	ne following amount:		
□ \$25.00 F	filing Fee	S30.00 Filing Fcc & 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)
	iling Addres		Street Address: Registration Sec	ction

Registration Section

TO:

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

**Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sweet T Farm 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 Aug 19 2020 Florida document number \_\_\_\_\_L20000256531 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: New Registered Office Address: Enter Florida street address

## 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.

City

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>	Name	Address 27680 4116-03	Type of Action
MGR	Robert Davies	25 SE 69th Pl Ocala FL 34480	
			Remove
			Change
			□Remove
			□Add
			□Remove
			□Remove
			□Change
		□Add	
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ffective date, if other than t an effective date is listed, the date i lote: If the date inserted in this	nust be specific and cann	ot be prior to date	of filing or more tha	(option n 90 days after fi	ling.) Pursuant to 605.0.
ocument's effective date on the	: Department of State'	s records.	attatory mmg roqu	irometro, mis	
record specifies a delayed effec	ctive date, but not an e	ffective time, at	12:01 a.m. on the	earlier of: (b)	The 90th day after t
is filed.					
28 August	20	20			
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