L20000327325

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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COVER LETTER

TO:

TO: Registration So Division of Cor				
	irie Farm LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Miles C. Gardner			
		Name of Person		_
	Gardner Law Firm			
		Firm/Company		_
	4950 W. Kennedy Blvd., S	Stc. 600		
		Address		7,575
	Tampa, Florida 33609			āpa [11] 30
		City/State and Zip Code		- : 30 30
	miles@magardner.com	to be used for future annual report notif	ication)	
For further information c	concerning this matter, please ca	•		ය ස
Miles C. Gardner		813 288-9600 at ()		
Name c	of Person	Area Code Daytime	Telephone Numbe	:r
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &
Mailing Address Registration Division of C P.O. Box 632 Tallahassec,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of To 2415 N. Monroe Tallahassee, FL	oorations allahassee Street, Suite	810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Illinois Prairie Farm LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our record Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company	were filed on 10/15/2020	and assigned
Florida document number L20000327325		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u>ئ</u>
(Principal office address MUST BE A STREET ADDRESS)	mited Liability Company," the designation "LLC" or the abbreviation "LLC." PRESS) ed office address on our records, enter the name of the new registere: Enter Florida street address Florida	
Parameter of the contraction of		
Enter new mailing address, if applicable:		ونها
(Mailing address MAY BE A POST OFFICE BOX)		 ထ
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	S
	, Flo	
	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
MGR	Jane N. Pugh	3016 Graham Lanc, Tampa, Florida 33618	□Add
			≣Remove
			□Change
MGR	Carrie P. Burke	3016 Graham Lane, Tampa, Florida 33618	\alpha dd
			□Remove
			☐ ☐ ☐ ☐ Change
			Add
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