121000039974

(Requestor's Name)	_
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	-
Special Instructions to Filing Officer:]
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Office Use Only



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COVER LETTER

Division of Corpo	orations			
SUBJECT: FYAN	C'S Farm Name of Limi	LL C		<u>.</u>
The enclosed Articles of Ar	mendment and fee(s) are subr	nitted for filing.		
Please return all correspond	lence concerning this matter t	to the following:		
	Janell	e Francis Name of Person	5	
	Francis	Farm LLC	.	
	6484 AI	lan Blvd		
	Punta Gora	City/State and Zip Code	33987	<u>) </u>
	ianelle @ F	Yanus fay moo be used for future annual rep	ifl. cor	n_
For further information con	cerning this matter, please ca	II:		
Janelle F	Y CIN (1 S	at (<u>'239</u>) Area Code	Daytime Telepho	0 () ne Number
Enclosed is a check for the	-			
S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose		\$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

trancis tarn	n LLC	
(<u>Name of the Limited Liabi</u> (A Florid	ility Company as it now appears on da Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Florida document number <u>L 2100039974</u>		120/2021 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	.	
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		ALCON SSI ENTO
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		rds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	street uddress
		, Florida
	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
AMBR	Janelle Francis	6484 Alan Blud	IVAdd
		Punta Gorda FL 334	<u>182</u> _{□ Remove}
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Filing Fee: \$25.00