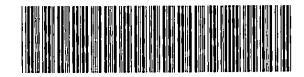
L21000010368

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COVER LETTER

Registration Section Division of Corporations

PANHAND BJECT:	DLE FARM STORES, LLC				
<i></i>	Name of Lim	ited Liability Company			
e enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
ease return all correspo	ndence concerning this matter	to the following:			
	STACY SMALL				
	Name of Person				
	SMITH THOMPSON SHA	AW			
	Firm/Company 3520 THOMASVILLE ROAD - 4TH FLOOR Address				
	TALLAHASSEE, FL 3230	09			
		City/State and Zip Code			
	E-mail address: (to be used for future annual report no	ification)		
For further information c	concerning this matter, please c	all:			
STACY SMALL		850 893-4105			
Name o	f Person	Area Code Daytir	ne Telephone Number		
Enclosed is a check for the	he 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

	FARM STORES, LI					
(Name of the Limited Liability Co (A Florida Limi	mpany as it now apper ted Liability Company)	ars on our reco	ords.)		_	
The Articles of Organization for this Limited Liability Comp.	any were filed on $\frac{0}{2}$	2/18/2021		and	assigne	∍d
Florida document number L21000070368						
This amendment is submitted to amend the following:						
A. If amending name, <u>enter the new name of the limited l</u>	liability company l	here:				
PANHANDLE STORES, LLC						
The new name must be distinguishable and contain the words "Limited I	Liability Company," the	designation "I	LC" or the ab	breviation	"L.L.C.	31
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDRESS	<u> </u>					
						
•				·		
Enter new mailing address, if applicable:		·			-: :	, ——
(Mailing address MAY BE A POST OFFICE BOX)		·				<u></u>
					÷	\$
				6 E	7	p
B. If amending the registered agent and/or registered of	fice address on our	records, <u>en</u>	ter the nam	e of the		<u>egištěre</u>
agent and/or the new registered office address here:					52	
Name of New Registered Agent:		<u>.</u>				
New Registered Office Address:						
THOM TENEDIAL CHICA TENEDIAL	Enter F	lorida street ad	dress	 		
·	• •		, Florida			
	City			Zip C	ode	
New Registered Agent's Signature, if changing Registered Agent's	gent:					
Though a comment of the control of t		la assaulti	I Guellen an	waa to a	anınlı	radelo els.

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>	Name	Address	Type of Action
			□Add
			□Remove
	•		Change
			□Add
			□Remove
			Change
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			□Change
	· 		□Add
			□Remove
			□ Change

amending any other informat	ion, enter change(s) here: (Attach additional sheets, if necessary:)
	
	
	
·····	
Affective date, if other than the fan effective date is listed, the date mus Note: If the date inserted in this blocument's effective date on the D	st be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 ook does not meet the applicable statutory filing requirements, this date will not be listed as
record specifies a delayed effectived is filed.	ve date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
MARCH 23	2021
	Atg.
	Signature of a member or mithorized representative of a member
•	JUSTIN GHAZVINI, MGR
	Typed or printed name of signee

Filing Fee: \$25.00