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nt Number)
Certificates of Status
Officer:

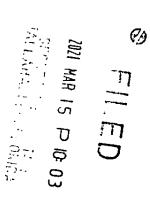
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COVER LETTER

	egistration S ivision of Co			
SUB ICAT	Ted's Acre	s LLC		
SOBJEC, I	•		nited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retu	rn all correspo	ondence concerning this matter	to the following:	
		Tiffany Wiggins		
			Name of Person	
		Ted's Acres LLC		
			Firm/Company	
		1680 NW 246th St		
			Address	
		Lawtey FL 32058		
		itstadok@aol.com	City/State and Zip Code	
			(to be used for future annual report not	ification)
For further	information o	concerning this matter, please o	all:	
Theodore \	Wiggins		904 403.6418	
	Name (of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is	a check for t	he following amount:		
冠 \$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)
	ailing Addre		Street Address:	
Registration Section Division of Corporations			Registration Se Division of Co	
P.O. Box 6327 Tallahassee, FL 32314			The Centre of T	Tallahassee 5
1 8	ananassee,	ri, 32314	Tallahassee, Fl.	be Street, Suite 810 D D D D D D D D D D D D D D D D D D D

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tou's Acres LLC	
(Name of the Limited Liah (A Flor	ility Company as it now appears on our records.) ida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number 1.21000094625	Company were filed on 2/25/21 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 "Li	imited 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 ADD	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, enter the name of the new registered
Name of New Registered Agent:	Ea B
	2 3
New Registered Office Address:	Enter Florida street address
	City Florida Zip Code
New Registered Agent's Signature, if changing Registere	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c accept the obligations of my position as registered a	and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and igent as provided for in Chapter 605, F.S. Or, if this document is sed office address. Thereby confirm that the limited liability.

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	Theodore Wiggins	1855 NW 246th St	■Add
		Lawtey Fl. 32058	□Remove
			□Change
			hbAt1
			□Remove
			□Add
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fective date, if other than the	date of filing:		(antio:		
fective date, if other than the an effective date is listed, the date must be: If the date inserted in this blucument's effective date on the Discurrent's effective date on the Discurrent's	t be specific and cannot be price	or to date of filing or mo	re than 90 days after fi	ling) Pursua Pro 605.	.020
cument's effective date on the Di	partment of State's record	is.	requirements, this	- 5	d a
				15	!
ecord specifies a delayed effective is filed.	date, but not an effective	time, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after	the
March 10	2021			9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
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	lelof somul	horized representative of	La member		

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Filing Fee: \$25.00