

L21000119887

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

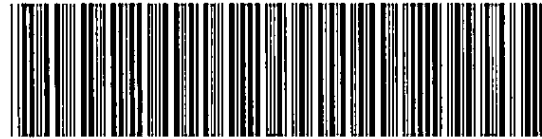
(Business Entity Name)

(Document Number)

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2021 MAY 14 PM 2:09
CLERK OF COURT
DISTRICT OF COLUMBIA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Naked Farmer Tampa 2 LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jordan Johnson

Name of Person

Naked Farmer

Firm/Company

4811 Culbreth Isles Rd

Address

Tampa FL 33629

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jordan Johnson

Name of Person

at (407)

Area Code

922 8044

Daytime Telephone Number

Enclosed is a check for the 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

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TALLAHASSEE, FL

Naked Farmer Tampa 2 LLC

The Articles of Organization for this Limited Liability Company were filed on 3/12/21 and assigned Florida document number 621000118887.

Naked Farmer 1001 Water LLC

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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SECRET

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

(This area is for amendments. A diagonal line is drawn across the space, indicating no changes were made.)

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ALBANY, NEW YORK

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated May 11 2021

Signature of member or authorized representative of a member

(Handwritten signature of Jordan Johnson)

Typed or printed name of signee