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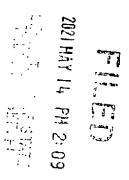
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Naked Farmer	Tomas 2 LLC
SUBJECT: Name of	Limited Liability Company
The enclosed Articles of Amendment and fee(s) are	submitted for filing.
Please return all correspondence concerning this ma	•
Jor	dan Johnson Name of Person
	Name of Person
Nak	Name of Person Red Farmer Firm/Company
	Firm/Company
4811	Culbreth Isles Rding P. Address Address City/State and Zip Code
	Address PG PS
Ta	-p= R 33629 17 0
	City/State and Zip Code
	ss: (to be used for future annual report notification)
For further information concerning this matter, pleas	se call:
11. 11	
Jordan Johnson Name of Person	at (407) 922 8044 Area Code Daytime Telephone Number
Name of Ferson	Area Code Daytine Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\(\text{Certificate of Status}\)	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Naked Farmer T	impa 2 LLC
(<u>Name of the Limited Liability Company as i</u> (A Florida Limited Liability	t now appears on our records.) y Company)
The Articles of Organization for this Limited Liability Company were Florida document number <u>L21000/18887</u> .	filed on $\frac{3}{12}/2$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability o	ompany here:
Naked Farmer 1001 The new name must be distinguishable and contain the words "Limited Liability Cor	Water LLC
The new name must be distinguishable and contain the words "Limited Liability Cor	npany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	202
(Principal office address MUST BE A STREET ADDRESS)	
	emme emme
	्रें च्या स्थि
Enter new mailing address, if applicable:	The state of the s
(Mailing address MAY BE A POST OFFICE BOX)	
	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered office addres agent and/or the new registered office address here:	ss on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
Ci	ity 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
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			□Remove
			Change
		 	□Add
			☐ Remove
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fective date, if other the effective date is listed, the	than the date of filin	g:	data of filing or man, th	(optional)	\ Humanama
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culicity of the city of date to	on the Department of S	state's records.			
ecord specifies a delayed is filed.	d effective date, but not	t an effective time	e, at 12:01 a.m. on the	e earlier of: (b) Th	e 90th day after th
ned May	11	202	<i>l</i> .		
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Filing Fee: \$25.00