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## **COVER LETTER**

TO:

Tallahassee, FL 32314

TO: Registration S Division of Co			•	•
	UN FARMS LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	Carolyn M Sandman			
		Name of Person		
		Firm/Company		
	13868 6th Court North			
		Address	<del></del>	~1
	Loxahatchee Groves, FL 3	3470		1022 ) SEC
		City/State and Zip Code		2022 NOV -3 PM 2: 00 SECRETARY OF STATE TALLAHASSEE, FL
	E-mail address: (	to be used for future annual report noti	fication)	10 / το
For further information of	concerning this matter, please c	all:		経済 2
Carolyn M Sandman		561 723-1938		100 124 124 134 134 134 134 134 134 134 134 134 13
Name c	of Person	at () Area Code Daytim	e Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Cop (additional copy	Status &
Mailing Address Registration Division of C	Section	<u>Street Address:</u> Registration Sec Division of Cor		
P.O. Box 632		The Centre of T		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REBEL RUN FARMS LLC

( <u>Name of the Limite</u> (/	I Liability Compa A Florida Limited I	ny as it now appear riability Company)	rs on our records.)			
The Articles of Organization for this Limited Liability Company were filed on March 29, 2021				and assigned		
Florida document number 1.21000144158						
This amendment is submitted to amend the follow	ving:					
A. If amending name, enter the new name of t	the limited liabi	lity company ho	ere:			
N/A						
The new name must be distinguishable and contain the wor	rds "Limited Liabil	ity Company," the d	esignation "LLC" or the abb	reviation "L.L.C."		
Enter new principal offices address, if applicable:		N/A		5E 5702		
(Principal office address MUST BE A STREET				震音		
				AE I		
				77		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		N/A				
				11 0		
	<u></u>			rn •		
B. If amending the registered agent and/or regagent and/or the new registered office address		ddress on our r	ecords, <u>enter the name</u>	of the new registered		
Name of New Registered Agent:	N/A					
New Registered Office Address:						
		Enter Flor	ida street address			
			, Florida			
		City		Zip Code		
New Registered Agent's Signature, if changing Re	gistered Agent:					
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this ch	and complete ered agent as p gistered office	performance of provided for in C	my duties, and I am fa. Chapter 605, F.S. Or, if	miliar with and this document is		

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	Todd E Minnick	13868 6th Court North	🗀 Add		
		Loxahatchee Groves, FL 33470	■Remove		
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Filing Fee: \$25.00