## L21000170325

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	<del>(#)</del>
(=:	,,,	·· <b>',</b>
PICK-UP	MAIT WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	ertified Copies Certificates of Status	
Special Instructions to	Filing Officer:	





700385216327

04/06/22--01012--004 \*\*30.00

T. MATTHEWS APR 2 0 2022

## **COVER LETTER**

Division of Corpora	ations		
FT	6 Farms	117	
SUBJECT:	Name of Lim	ited Liability Company	<u>.</u>
		, , ,	
The enclosed Articles of Amo	indment and feets) are sub-	mitted for filing	
Please return all corresponder	nce concerning this matter	to the following:	
	Ethan	S Penuel Name of Person	
		_	
-		Forms UC	<u></u>
	7371	CZ 778	
•	<u> </u>	Address	<del></del>
	LaF	Belle FL 339	35
<del>-</del>	1	City/State and Zip Code	
_	E-mail address: (	City/State and Zip Code  Cott Penuel 6 of to be used for future annual report noth	IMail. Con leation)
For further information conce			
$\sim$ 1. $\sim$	ı	000 000	<b>^</b>
Kthan Pe	chnel	at ( <u>239</u> ) <u>2<b>8</b>4-</u> Area Code Daytime	805Z Telephone Number
Name of Per	Sou	Mea Code Dayting	recombine reminer
Enclosed is a check for the fo	ollowing 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 Sect	tion	<u>Street Address:</u> Registration Sec	ction
Division of Corp		Division of Cor	porations
P.O. Box 6327	22214	The Centre of T	allahassee e Street, Suite 810
Tallahassee, FL.	32314 32314	Z415 IN, MORFO	c oncer once 910

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION DECRETARY OF STATE DIVISION OF CORPORATIONS

22 APR -6 PH 3: 23

(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on	our records.)
(A Florida Limited	( Liability Company)	
The Articles of Organization for this Limited Liability Company	y were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the design	ation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:	<del> </del>	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office	address on our recor	ds, enter the name of the new registered
agent and/or the new registered office address here:	-	<del></del>
Name and Name Description of Agreement		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	treet address
		, Florida
	Cny	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	e performance of my provided for in Chap	duties, and I am familiar with and oter 605, F.S. Or, if 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>	Name	Address	Type of Action
MGR	Ethan Penuel	2371 CR 78 LaBelle	🗆 Add
		FL 33935	[]•Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		<u></u>	□Add
			□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
I would like to remove my name from this
buisness. I am no longer a part of this organization
and have take even actor to consume so
and have taken every action to ensure so. Thank you.
- Thank you.
<del></del>
E. Effective date, if other than the date of filing: Dan. 13th 2022 (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 kb. 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 Danuary 1st 2022
Signature of a member or authorized representative of a member
Ethan Scott Penuel Typed or printed name of signee

Filing Fee: \$25.00