LZI 000200592

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2022 APR -5 PM 1:47

SECRETARY OF STATE

A. BUTLER APR 1 9 2022

COVER LETTER

TO:	Registration Se- Division of Corp			
SUBJE	First Love F	arm LLC		
NODJE		Name of Lim	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Filing Department		
			Name of Person	
		BetterLegal Solutions LLC		
			Firm/Company	
		750 North Saint Paul St Su	ite 250, PMB 35833	
			Address	
		Dallas, TX 75201		
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		filings@betterlegal.com		
		E-mail address: (to be used for future annual report not	ification)
For fur	ther information co	oncerning this matter, please ca	all:	
Filing l	Department		512 969-2339 at (
	Name o	f Person	Arca Code Daytin	ne Telephone Number
Enclose	ed is a check for th	ne following amount:		
■ \$2:	5.00 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

First Love Farm LLC

company has been notified in writing of this change.

2022 APR -5 PM 1:47

(Name of the Limited Lia	hility Company as it now appears or	our records.)
(A Flo	ability Company as it now appears or rida Limited Liability Company)	LLANASSEE FIXE
The Articles of Organization for this Limited Liability	y Company were filed on APRIL	29, 2021 and assigned
Florida document number L21000200592	· · ·	
		
This amendment is submitted to amend the following	ŗ.	
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and contain the words "l	Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	ODRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	
		· · · -
B. If amending the registered agent and/or re registered agent and/or the new registered office a		r records, enter the name of the
registered agent and of the new registered office a	Marcis Here.	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	treet address
		mea.
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registe	ered Agent:	
I hereby accept the appointment as registered age	ent and agree to act in this can	acity. I further agree to comply with
provisions of all statutes relative to the proper and	d complete performance of my	duties, and I am familiar with and
accept the obligations of my position as registered		
being filed to merely reflect a change in the regist	tered office address, I hereby co	onfirm 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	AMY TRONGONE BASTONE	3459 FLAMINGO BLVD	Add
		HERNANDO BEACH, FL 34607	Remove
			Change
			Add
			Remove
			Change
			Add
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Tective date, if other than the	data of filings		(optiona	I)
an effective date is listed, the date mu-	st be specific and cannot be prio	r to date of filing or more	than 90 days after filir	ig.) Pursuant to 605.0207
ote: If the date inserted in this blocument's effective date on the D			quirements, this da	te will not be listed as
e record specifies a delayed The 90th day after the rec		ot an effective tim	e, at 12:01 a.m	. on the earlier of
February 15	2022			
ated		·		
	Signature of a member or auth	Tastant	1.	
	Signature of a member or put	orized representative of	mamhar	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00