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## **COVER LETTER**

	Registration Se Division of Cor			
erm m	ATM TREE	FARM, LLC		
SUBJEC	J1:		ited Liability Company	
The encl	osed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Steven O. Stewart		
			Name of Person	
		ATM TREEFARM, LLC		
		11.00	Firm/Company	
		P.O. Box 434		
			Address	
		Havana, FL 32333		
			City/State and Zip Code	
		atmtreefarm@yahoo.com	to be used for future annual report	notification)
For furth	er information e	oncerning this matter, please ca		nonneadon
Steven (	), Stewart		850 510-882	6
	Name o	f Person		ytime Telephone Number
Enclosed	l is a check for th	e following amount:		
□ \$25.	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ATM TREEFARM, LLC		
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
	ility Company were filed on April 30, 2021	and assigned
Florida document number 1.21000201596	<del></del> -	
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
	<del></del>	<del>- 50</del> 8 = 1
N. 10 11 1 1 1 1 1		
B. It amending the registered agent and/or reg agent and/or the new registered office address l	istered office address on our records, <u>enter the rater</u>	(, 0 1
agent and of the her registered writer address.		ANI LI SI
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		T <sub>u</sub>
	Enter Florida street address	
	, Florida	•
	, Thoritas	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 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	Lauren T. Stewart	13788 Oakley Lane St. Francisville, LA 70775	□ Add
		<del> </del>	_ <b>≡</b> Remove
			□Change
MGR	Ashton L. Stewart	13788 Oakley Lane St. Francisville, LA 70775	_ □Add
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			_ □Change
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an effective date fote: If the da	is listed, the date must le te inserted in this bloc	oe specific and o ck does not mo	cannot be prior to cet the applica	o date of filing or ble-statutory fili	more than 90 days ng requirements.	after filing.) Pursi , this date will n	uant to 605.0207 not be listed as
ocument's effe	ective date on the Dep	partment of St	ate's records.				
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Filing Fee: \$25.00