LZ1000206068

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COVER LETTER

	of Corporations .
	sville Farm Services LLC
SUBJECT:	Name of Limited Liability Company
The charles	
	cles of Amendment and fee(s) are submitted for filing.
Please return all c	orrespondence concerning this matter to the following:
	Vincent P. LaPlaca
	Name of Person
	Pinesville Farm Services LLC
	Firm/Company
	17912 SW 83rd Ave
	Address
	Archer, FL 32618
	City/State and Zip Code
	laplaca, vincent@gmail.com E-mail address: (to be used for future annual report notification)
منیو مو	
For turther inform	ation concerning this matter, please call:
Vincent LaPlaca	352 660-5555 at ()
	at () Name of Person Area Code Daytime Telephone Number
Enclosed is a chec	k for the following amount:
□ \$25.00 Filing	Fee \$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing A	Address: Street Address: ation Section Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

· ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pinesville Farm Services LLC		
(<u>Name of the Limited Liabili</u> (A Florid:	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L21000206068	Company were filed on May 3, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
Pinesville Produce & Tool LLC		
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>		
Enter new mailing address, if applicable:	d office address on our records, <u>enter the nam</u>	e of the new registe
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered		30AY 11 2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address here:		30AY 11 2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:		30AY 11 2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	d office address on our records, enter the name Enter Florida street address	30AY 11 2

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>	<u>Address</u>	Type of Action
AMBR	Traci M. LaPlaca	17912 SW 83rd Ave, Archer FL, 32618	□Add
			≣Remove
			□ Change
MGR	Traci M. LaPlaca	17912 SW 83rd Ave, Archer FL, 32618	∃ Add
			□Remove
			□Add
			□ Remove
			□Change
			□Add
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			□Change

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ffective date, if other than to an effective date is listed, the date is listed. If the date inserted in this ocument's effective date on the	nust be specific and cannot be pri- block does not meet the appl	or to date of filing or more the icable statutory filing rec		
record specifies a delayed effect is filed.	tive date, but not an effective	time, at 12:01 a.m. on th	ne earlier of: (b) The 90th	day after the
ated May 20	. 2021	·		
	Signature of a member or aut	horized representative of a	member	
Vincent P. LaPlaca				
	Turned or nel	nted name of sience		

Filing Fee: \$25.00