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(Re	questor's Name)
(Add	dress)	
(Ado	dress)	
(Cit	y/State/Zip/Pho	ne #)
PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificate	es of Status
Special Instructions to I	Filing Officer:	





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TO:

ΓΟ: Registration Division of C	Section Corporations		
	Food Forrest, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Seth B. Claytor, Esquire		
		Name of Person	
	Boswell & Dunlap, LLP		
		Firm/Company	
	245 S. Central Avenue		
		Address	
	Bartow, FL 33830		
	-	Address	
For further informatio	n concerning this matter, please c		
Seth B. Claytor		863 533-7117	
Nam	e of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check fo	r the following 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)
P.O. Box 6	n Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations 'allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

name as it now appears on our records)	
Liability Company)	
y were filed on <u>5/4/2021</u>	and assigned
bility company here:	
bility Company," the designation "LLC" or	the abbreviation "L.L.C."
<u> </u>	<u> </u>
e address on our records, <u>enter the</u>	name of the new register
P. D. H. Marian Maria	<u> </u>
f.nter r fornta street adaress	
, Florid	Zip Code
City	Zip Code
	~ ~ ~
<u>1</u>	bility company here: bility Company," the designation "LLC" or address on our records, enter the Enter Florida street address

Thereby accept the appointment as registered agent and agree to act in this capacity. I juriner 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
AMBR	Marey A. Roy	1608 Sir Henry Trail	
		Lakeland, FL 33809	□Remove
			□Change
AMBR	Sierra T. Fernandez	7717 N. Socrum Loop Rd	Add
		Lakeland, F1. 33809	□Remove
			□Add
			□Remove
			□Change
			□Remove
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		5/1/01			
	than the date of fili	ng:		(optional)	. 0.6.05.05
Effective date, if other				ments, this date will not be	
f an effective date is listed, t		Centa's magards			
f an effective date is listed, t Note: If the date inserted	e on the Department of	State's records.			
f an effective date is listed, t Note: If the date inserted	e on the Department of	I State's records.			
f an effective date is listed, to Note: If the date inserted document's effective date record specifies a delay			at 12:01 a.m. on the ea	rlier of: (b) The 90th day a	fter the
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document's effective date e record specifies a delay rd is filed.			at 12:01 a.m. on the ea	rlier of: (b) The 90th day a	fter the
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