

L21 000 232 549

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

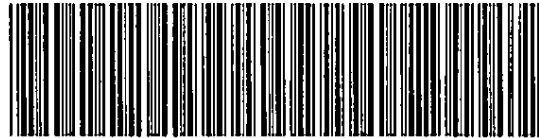
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

*[Handwritten signature]*  
7/26/21

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Red Hills Farms, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Daniel C. Griggs  
Name of Person

Red Hills Ranch, LLC  
Firm/Company

4553 Williams Rd  
Address

Tallahassee, FL 32311  
City/State and Zip Code

dgriggs79@gmail.com  
(E-mail address: (to be used for future annual report notification))

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TALLAHASSEE, FL

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For further information concerning this matter, please call:

Daniel Griggs at (813) 545-3105  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for 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)

**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  
Tallahassee, FL 32303

Red Hills Farms, LLC

Red Hills Ranch, LLC

no change

no change

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\_\_\_\_\_, **Florida** \_\_\_\_\_  
*City* *Zip Code*

**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: *no changes*

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

None

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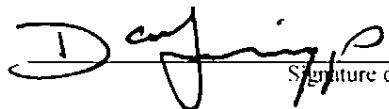
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional) N/A

(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)(b)

**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 June 13 , 2021



Signature of a member or authorized representative of a member

Daniel C. Griggs

Typed or printed name of signee