## L21000332549

(Re	equestor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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FILED
2021 JUL -1 PH 2: 13
SECRETARY OF STATE
TALLAHASSEE, FATE

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## **COVER LETTER**

TO: Registration Sec Division of Cor			
SUBJECT: Red	Hills Farm Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Daniel C	Name of Herson	
	Red Hills	Ranch, LL C	2021 J SECR TAL
	4553 Wi	Micros Rd Address	POZI JUL - I
	Tallahasse	FL 32311 City/State and Zip Code	PM 2: 13
		79999001. co	ification)
For further information co	oncerning this matter, please c		
Daid Gri	335	at (813) 545 · Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne 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 Addres Registration S	Section	Street Address: Registration Se	
Division of C P.O. Box 632	-	Division of Co The Centre of	•
Tallahassee, f			oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Red Hills Farms, L	<u>اے ۔</u>	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on ou Liability Company)	r records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000232549</u> .	were filed on _5/1	8/2021 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Red Hills Ranch, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	no change	SE SE
(Principal office address MUST BE A STREET ADDRESS)	,	≥C = 10
Enter new mailing address, if applicable:	no change	ASSEE
(Mailing address MAY BE A POST OFFICE BOX)	·	2:     2:     5 TAI   . Fil
	· · ·	m ω
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records	, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	et address
		, Florida
	City	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
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			Remove
			□ Change
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ective date, if other than the date of filing:  n effective date is listed, the date must be specific and cannot be prior to date	of filing or more than 90 days after filing a Pursuant to 605 020
te: If the date inserted in this block does not meet the applicable s	atutory filing requirements, this date will not be listed as
cument's effective date on the Department of State's records.	
ecord 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
is filed.	
<i>—</i> — — — — — — — — — — — — — — — — — —	
ted June 13 . 2021.	
and in	
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Jephore of a member of authorized	Spreamants of a montroi
Daviel C. Griggs  Charled name	
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