## Florida Department of State

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(((H210004027073)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **FARMABLES LLC**

10129

Certificate of Status	0
Certified Copy	0
Page Count	04
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Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Farmables, LLC						
(Name of the Limit	ed Liability Compa (A Florida Limited I	ny as it now appears liability Company)	on our records.)		_	
The Articles of Organization for this Limited L Florida document number L21000259724	iability Company	were filed on 06/	04/21	and	d assig	ned
This amendment is submitted to amend the follo	owing:					
A. If amending name, enter the new name o	f the limited liab	ility company her	<u>e</u> :			
The new name must be distinguishable and contain the w	ords "Limited Liabil	ity Company," the des	signation "LLC" or th	ne abbreviatio	on "L.l	C."
Enter new principal offices address, if applic	able:	7901 4th St N	N STE 300	· •••		
Principal office address MUST BE A STREE	T ADDRESS)			<u> </u>	021	
		St. Petersbur	g, FL 33702	美聞	130	≱
Enter new mailing address, if applicable:		7901 4th St N	N STE 300	5887 GH S	29 AH	PROVE AND FILED
Mailing address MAY BE A POST OFFICE	St. Petersbur	rg, FL 33702		11: 29		
B. If amending the registered agent and/or ragent and/or the new registered office address		nddress on our rec	cords, <u>enter the n</u>	name of the	e new	<u>registered</u>
Name of New Registered Agent:	Registered	Agents Inc.				<u>_</u>
New Registered Office Address:	7901 4th St N STE 300  Enter Florida street address					
2				<del></del> -		-
	St. Petersb	<del></del>	, Florida	33702		
		City		Zip C	ode	

## 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 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
MGR	HBK CPA's & Consultants	3838 Tamiami Trail N	XAdd
		Suite 200	□Remove
		Naples, FL 34103	Change
MGR	MANUEL GIL	201 MAPLE AVENUE	□Add
		NORTH LEHIGH ACRES, FL 3393	66 XRemove
			□Change
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D. If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing:
If the recor record is fi	d 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 led.
Dated	10/29 2021
	Signature of a member or authorized representative of a member
	Riley Park
	Typed or printed name of signee

Filing Fee: \$25.00