121000291224

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
J. HORNE JAN IU 2022				

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12/27/21--61626--019 **80.06



COVER LETTER

TO: Registration : Division of C					
SHD IECT.	FARMHOUSE PRESS LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
	PAU	JLA MASTERS			
		Name of Person			
		Firn/Company			
	1617 NE 12TH AVE				
	SUMTERVILLE, FL 335	Address			
		City/State and Zip Code			
	MASTERSBUNCH7@YA	HOO.COM to be used for future annual rep	ort notification)		
For further information	concerning this matter, please c		or nonnearon,		
PAULA MASTERS		954 383-8 at ()	706		
Name	of Person		Daytime Telephone Number		
Enclosed is a check for	the following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addr Registration		<u>Street Addr</u> Registratio	ress: on Section		
Division of	Corporations	Division of	Division of Corporations		
P.O. Box 63 Tallahassee,			e of Tallahassee Ionroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 DEC 27 AM 6:57 FARMHOUSE PRESS LLC (Name of the Limited Liability Company as it now appears on our records) E CRE TARY OF STATE (A Florida Limited Liability Company)

TALLAHASSEE, H. 4-1 The Articles of Organization for this Limited Liability Company were filed on 6/23/2021 and assigned Florida document number L21000291224 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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>	Address	Type of Action
AMBR	JEFFERY W. MASTERS	1617 NE 12TH AVE SUMTERVILLE, FL 33585	= Add
			□Remove
			□Change
			□Add
			□Remove
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an effective date of the date	e is listed, the date must be speci	ific and cannot be prior to date of the not meet the applicable state.	(opt of filing or more than 90 days after stutory filing requirements, th	r filing.) Pursuant to 605.0207 (
	es a delayed effective date. h	ut not an effective time, at	12:01 a.m. on the earlier of: (b) The 90th day after the
l is filed.	DEC 22ND			
d is filed.	DEC 22ND		7	
record specific d is filed. Pated	DEC 22ND		presentative of a member	

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