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(Requestor's Name)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status

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COVER LETTER

	Registration Se Division of Cor				
01111 ID 0	BR FARM,				
SUBJEC	:		ited Liability Company		
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please ret	turn all correspo	ndence concerning this matter	to the following:		
		Yvonne Ocrant			
			Name of Person		
		Hinshaw & Culbertson LL	,p		
			Firm/Company	Marie .	
		100 S. Ashley Drive, Suite	: 500		
			Address		
		Tampa, FL 33602			
		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	City/State and Zip Code		
		yocrant@hinshawlaw.com	to be used for future annual report not	tiflogtion)	
For furth	er information c	oncerning this matter, please c	•	meanony	
William	Ballentine		312 704-3087		
	Name o	f Person		ne Telephone Number	
Enclosed	l is a check for th	ne following amount:			
■ \$25.0	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		Street Address: Registration Section			
	Division of C	Corporations	Division of Co	rporations	
	P.O. Box 632 Tallahassee.		The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 NOV -9 AM 9: 07

BR FARM, LLC	SECRETARY OF SIDE
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records AHASSEE, FLORE Comp)
The Articles of Organization for this Limited Liability Company were filed of Florida document number <u>L21000396960</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	ny here:
The new name must be distinguishable and contain the words "Limited Liability Company,"	"the designation "L.L.C." 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 agent and/or the new registered office address here:	our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	
New Registered Office Address:	er 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.

City

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
MGR	William Proctor	2317 Fawn Drive	
		Loxahatchee, FL 33470	■Remove
			□Change
MGR	Ron Lima	Ronnie Lima	
		2317 Fawn Drive	□Remove
		Loxahatchee, FL 33470	= Change
			□Add
			□Remove
			□Change
-			□Add
		 	□ Remove
			Change
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ltan eifect <u>Note:</u> If	e date, if other tive date is listed, the date inserte it's effective dat	the date must be d in this block	specific and o does not mo	cannot be price	icable statute	ing or more than ry filing requir	(option 90 days after fi ements, this c	nal) ling.) Pursuant to (late will not be l	505.0207 isted as
e record s rd is filed	specifies a delay l.	ed effective da	te, but not a	ın effective	time, at 12:0	1 a.m. on the e	arlier of: (b)	The 90th day a	fter the
Dated <u>d</u>	Propose 19	3	7	2021					
	Think	/m.							
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