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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	1
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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2022 FEB | 4 PM |: 32 SECRETARY OF STATE TALLAHASSEE, FI

A. BUTLER FEB 2 4 2022

COVER LETTER

TO: Registration Section

Division of Corp	orations		
B. B.	Le Pelas Faces	11.6	
SUBJECT: <u>F</u> U	lue Ridge Forms,	ited Liability Company	·
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	1	. 0	
	1000	Name of Person	
		Name of Person	
		Firm/Company	
	17190 Jupite	/ Faims Road	
		Address	
	Turiter	C1 33478	
	JAPIAET,	FL 33478 City/State and Zip Code	
	Tonut	MILEN TO YA how. Com	n
	E-mail address: (to be used for future annual report not	ification)
For further information co	ncerning this matter, please ca	all:	
-\f_a_ i)	C. 802 .	
Name of	Person	at (561) 972 -) Area Code Daytin	ne Telephone Number
Nume of the	, vison	, side code Dayini	ic respirate realises.
Enclosed is a check for the	following amount:		
图\$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		Street Address:	
Registration Se		Registration Se	
Division of Co	-	Division of Co	-
P.O. Box 6327 Tallahassee, F		The Centre of 2415 N. Monro	Fallahassee oe Street, Suite 810
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

dge Farms, LLC	2022 FEB 14 PM 1: 32
bility Company as it now appears	on our records.)
	SECRETARY OF STATE 01/30/14LLAHASSEF and Fassigned
<u> </u>	
; :	
limited liability company he	re:
Limited Liability Company," the de	signation "LLC" or the abbreviation "L.L.C."
ODRESS)	
	
ered office address on our re <u>e</u> :	cords, enter the name of the new registered
Euton Elmi	da etmot adduce
Enter Floru	
City	, Florida Zip Code
	bility Company as it now appears or ida Limited Liability Company) y Company were filed on

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
MGR	Monique Richter	17190 Jupiter Forms Rd, Jupiter, EL3	Y17 8⊡Add
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it an effect Note: If	e date, if other than the date of filing: D2 08 22 (optional) tive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it's effective date on the Department of State's records.
e record : rd is filed	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 d.
rd is filed	d.
rd is filed	Baew
rd is filed	d.