## 121000421178

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(В	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

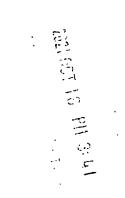
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## COVER LETTER

	Registration Sec Division of Corp		**************************************	,
CUD IE	TOM FARM	MER, LLC		
SOBJEC	-1: <u> </u>	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fce(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		THOMAS FARMER		
			Name of Person	
		THOMAS FARMER, LLC	;	
		<del></del>	Firm/Company	<del></del>
		11840 SW 79TH TERRAC	CE	
			Address	
		MIAMI, FL 33183		
			City/State and Zip Code	
		TOM.FARMER@COLLIE		<del></del>
			to be used for future annual report noti	fication)
For furth	ner information co	oncerning this matter, please of	all:	
THOM	AS FARMER		786 853-4973	
	Name of	f Person	Area Code Daytim	e Telephone Number
Enclosed	1 is a check for th	e following amount:		
<b>■ \$25</b> .	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 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		<u>Street Address:</u> Registration Se	ction

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  FHOMAS FARMER LLC  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation and the 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)	assigned
This amendment is submitted to amend the following:  If amending name, enter the new name of the limited liability company here:  THOMAS FARMER LLC  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation in the new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Enter new malling address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)	
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)	1 "L.L.C."
THOMAS FARMER LLC  the new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation inter 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)	1 "L.L.C."
the new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation in the new principal offices address, if applicable:    Principal office address MUST BE A STREET ADDRESS	1 "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)	1 "L.L.C."
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)	
Mailing address MAY BE A POST OFFICE BOX)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or registered office address on our records, enter the name of the	
Mailing address MAY BE A POST OFFICE BOX)	
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered office address on our records, enter the name of the	<del></del>
3. If amending the registered agent and/or registered office address on our records, enter the name of the	
gent and/or the new registered office address here:	new regis
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
, Florida, Zin C	7657
City Zip C	

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
			□ Add
			Change
			□Add
			□ Remove
			□Change
			□Add
			□ Remove
			□Change
			Change
			□Remove
			Change
			□Remove
			Change

an effect lote: If	date, if other than the date of filing:
record s is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
_	12/1/2021
Dated	10/11/0001
	Tua
	Signature of a member or authorized representative of a member
	THOMAS FARMED
	THOMAS FARMER  Typed or printed name of signee