L22000063929

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1022 MAR -7 PM 1: 05

A. BUTLER MAR 15 2022

COVER LETTER

Division of Cor	porations						
LamFam Fa	arm, LLC						
SUBJECT: Name of Limited Liability Company							
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please return all correspo	ondence concerning this matter	to the following:					
	Kevin K, Lam						
		Name of Person					
	LamFam Farm, LLC						
		Firm/Company					
	855 18th Ave S						
		Address					
	Naples, FL 34102						
		City/State and Zip Code					
	klamdpm@gmail.com						
		to be used for future annual report notif	fication)				
For further information c	concerning this matter, please c	alf:					
Kevin K. Lam		239 961-0006 at ()					
Name of Person		at () Area Code Daytimo	2 Telephone Number				
Enclosed is a check for t	he following amount:						
■ \$25.00 Filing Fee	S30.00 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 Addre		<u>Street Address:</u> Registration Sec	etion				
	Registration Section Division of Corporations		morations				

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

TO:

Registration Section

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 FILED

Lamfam Farm, LLC 2022 HAR -7 PM 1: 05 (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) SECRETARY OF STATE The Articles of Organization for this Limited Liability Company were filed on 02/0 FAGE AHASSEE, FL and assigned Florida document number $\frac{1.22000063929}{1.0000063929}$ 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 "Lumted Liability Company," the designation "LLC" or the abbreviation "LLC." 20941 Granville Rd., Enter new principal offices address, if applicable: North Fort Myers, FL 33917 (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.

Circ

If Changing Registered Agent, Signature of New Registered Agent

___. Florida __

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	Kevin K. Lam	855 18th Ave S	
		Naples, FL 34102	□ Remove
			■ Change
			🗀 Remove
			□Change
			□Remove
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Effective date, if other than fan effective date is listed, the dat Note: If the date inserted in the document's effective date on the second	us block does not meet the	e applicable statutory fil	(optional) more than 90 days after filing.) ing requirements, this date v	Pursuant to 605,0207 (, vill not be listed as th
record specifies a delayed eff d is filed.	ective date, but not an effe	ective time, at 12:01 a.m	, on the earlier of: (b) The	90th day after the
March 3	2022	2		
Dated		•		

Typed or printed name of signee