

L22 000066153

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

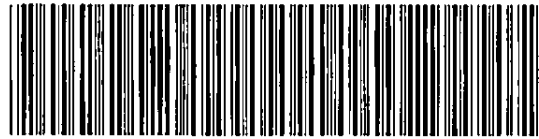
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

no

Office Use Only



400439822694

11/19/24--01036--010 **25.00

FILED
2024 NOV 19 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FL

[Handwritten signature]

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: True Earth Tropical Farm and Gardens LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Margaret Drayton
Name of Person

Rebel Farms LLC
Firm/Company

1490 James Street
Address

New Smyrna Beach FL 32168
City/State and Zip Code

rebel farms florida@gmail.com
E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

Margaret Drayton at (386) 845-4196
Name of Person Area Code Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FL

2024 NOV 19 PM 1:09

FILED

Enclosed is a check for the following amount:

- ☒ \$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:

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

Street Address:

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**

True Earth Tropical Farm and Gardens LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/28/2022 and assigned
Florida document number L22000066153

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Rebel Farms LLC
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

_____, Florida _____

City

Zip Code

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

FILED
2024 NOV 19 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FL

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>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

FILED
2024 NOV 09 PM 1:09
SECRETARY OF STATE
TALLAHASSEE FL

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

SECRETARY OF
TALAHASSEE

2024 NOV 19 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FL

1. _____
 2. _____
 3. _____
 4. _____
 5. _____
 6. _____
 7. _____
 8. _____
 9. _____
 10. _____
 11. _____
 12. _____
 13. _____
 14. _____
 15. _____
 16. _____
 17. _____
 18. _____
 19. _____
 20. _____
 21. _____
 22. _____
 23. _____
 24. _____
 25. _____
 26. _____
 27. _____
 28. _____
 29. _____
 30. _____
 31. _____
 32. _____
 33. _____
 34. _____
 35. _____
 36. _____
 37. _____
 38. _____
 39. _____
 40. _____
 41. _____
 42. _____
 43. _____
 44. _____
 45. _____
 46. _____
 47. _____
 48. _____
 49. _____
 50. _____
 51. _____
 52. _____
 53. _____
 54. _____
 55. _____
 56. _____
 57. _____
 58. _____
 59. _____
 60. _____
 61. _____
 62. _____
 63. _____
 64. _____
 65. _____
 66. _____
 67. _____
 68. _____
 69. _____
 70. _____
 71. _____
 72. _____
 73. _____
 74. _____
 75. _____
 76. _____
 77. _____
 78. _____
 79. _____
 80. _____
 81. _____
 82. _____
 83. _____
 84. _____
 85. _____
 86. _____
 87. _____
 88. _____
 89. _____
 90. _____
 91. _____
 92. _____
 93. _____
 94. _____
 95. _____
 96. _____
 97. _____
 98. _____
 99. _____
 100. _____

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated November 11, 2024

M B Drayton
Signature of a member

Signature of a member or authorized representative of a member

Margaret Drayton
Typed on

Typed or printed name of signee