## L22 000174083

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Booding Namber)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300389254563

03/14/22--01309--017 \*:20.00

2022 JUNIL AMII: 29
SECTEDATA LE SECTEL
TATT ANASSECTEL

## **COVER LETTER**

TO: Registration Se	porations *		•
SUBJECT:	e Farms & Designs LLC		
	Name of Lim	ited 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:	
	N Jane Puckett		
	···	Name of Person	
	East Washington Account	ing Services Inc	
	-	Firm/Company	<del></del> _
	PO Box 1006		
	<del></del>	Address	<del></del>
	Pierson, FL 32180		
		City/State and Zip Code	<del></del>
	jessica.ewas@att.net	to be used for future annual report not	14 1 1
For further information c	oncerning this matter, please c	·	meation)
N Jane Puckett		386 749-9010	
· Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne 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 Addres		Street Address:	
Registration S		Registration Se	
Division of C	Ornontions	Division of Co.	

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 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

2022 JUN 14 AM 11: 29

	С		$SEC_{Re_{i}}$
(Name of the Lim	ited Liability Comp (A Florida Limited	pany as it now appears on Liability Company)	SECINE OUR records.) TALLAHASSEE, FI
ne Articles of Organization for this Limited I orida document number <u>L22000174083</u>	Liability Compan	y were filed on April 11	
nis amendment is submitted to amend the fol	lowing:		
If amending name, enter the new name of	of the limited lia	bility company here:	
rkeyridge Farms & Designs of the South LLC			
e new name must be distinguishable and contain the	words "Limited Liab	oility Company," the design	ation "LLC" or the abbreviation "L.L.C."
iter new principal offices address, if appli	cable:	N/A	
rincipal office address MUST BE A STRE			
nter new mailing address, if applicable:		N/A	
<u>lailing address MAY BE A POST OFFICE</u>	BOX)		
			·
		address on our record	ds, enter the name of the new registe
		address on our recor	ds, enter the name of the new registe
Name of New Registered Agent:	ess here:	address on our record	ds, enter the name of the new registe
ent and/or the new registered office addre	ess here:	address on our record	
Name of New Registered Agent:	ess here:		reet address
	ess here:		

If Changing Registered Agent, Signature of New Registered Agent

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>	Name	Address	Type of Action
AMBR	Donald McCormick	4270 McCorvey Road	■Add
		Deland, FL 32724	□Remove
			□Change
<del></del>	<del></del>		□Add
			□Remove
			□ Change
			□Add
		<del></del>	□Remove
			□Change
			DAdd
			Remove
			□ Change
			☐Add
			□Remove
		. · ·	□Change
<del></del>		<del></del>	□Add
			□ Remove
			□Change

N/A 	<u> </u>	<del></del>	<del>_</del>				
					_ <del></del>		_
·			<del></del> _		<del></del> -	<u>-</u> -	
<del>-</del>				<u> </u>		<u> </u>	
<del>.</del>			<u> </u>				
					_		<del></del>
<u> </u>	<del>-</del>	<del></del>					<del>_</del>
		-		- <del>-</del>			
			·	<u></u>	<del></del> _	· ·	26
<del></del>		<del></del>	<del></del>		<u> </u>	코트	2022 JUN 1
							Ę.
			_		,		F
	<del></del>	<del></del>	<del></del> _	<del></del>		ASS	7
<del> </del>		<u> </u>		<del></del>		SEE.	A
							29
					_		
<del></del>		<del></del>	_		<del></del>		
							_
fective date, if other than t	the date of filing	:		(0)	ntional)		
fective date, if other than to in effective date is listed, the date of te: If the date inserted in this	must be specific and	cannot be prior to	o date of filing or i	nore than 90 days a	fter filing.)	Pursuant (	o 605.02
cument's effective date on the	: Department of St	ate's records.	ore statementy min	ig requirements.	tins date v	VIII HOLD	e nstea
ecord specifies a delayed effec	tive date, but not a	an effective tim	ne, at 12:01 a.m.	on the earlier of	(b) The	90th day	after th
is filed.							
103		フィッフ					
ited 615	7/1/1/1 ·	<u> </u>	× ·				
4 mult	THIMM	PIMAL					
	Signature of a m	cember or author	ized representative	of a member	<del>_</del>		_

Filing Fee: \$25.00