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2022 JUL 20 AM 9: 42 SCONCILLION STATE

A. BUTLER OCT 1 1 2022

COVER LETTER

	tration Section on of Corporations		
SUBJECT: _	White's Legacy	Farm, LC.	
	Same of C	imited Liability Company	
The enclosed A	rticles of Amendment and fee(s) are so	obmitted for filling	
	l correspondence concerning this matter	· ·	
	to or espondence concerning this man	er to the forowing.	
	Robert	Name of Person	
		Jacu Farm LLC.	
	3247 Ten	dell Rd. Address	
	Cottondala	E, FL, 32431 City/State and Zip Code	
	scopiewo	E PANCE COM (to be used for future annual report notification)	
	E-mail address:	(to be used for future annual report notification)	
Robert	Name of Person	at (<u>850</u>) <u>703 - 094 </u> Area Code Daytime Telephone	: Number
Enclosed is a ch	neck for the following amount:		
☑ \$25.00 Filin	ng Fee	Certified Copy (cadditional copy is enclosed)	60.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
Regist	g Address: tration Section	Street Address: Registration Section	
DIVISI	on of Corporations	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

White's Le	gacy Farm, LLC. 2022 JUL 20 AM 9: 42
(Name of the Limited (A	Habilit Company as it now appears on our records: 10. 17. OF STATE Florida Limited Liability Company) 18 [17. F]
The Articles of Organization for this Limited Liab	oility Company were filed on April 18, 2022 and assigned
Florida document number <u>L22000182</u>	<u> 198</u>
This amendment is submitted to amend the follow	ring:
A. If amending name, enter the new name of the	he limited liability company here:
The new name must be distinguishable and contain the work	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:
(Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u> </u>
B. If amending the registered agent and/or reg agent and/or the new registered office address	istered office address on our records, <u>enter the name of the new registered</u> <u>here</u> :
Name of New Registered Agent:	Odrayona R. Ward
New Registered Office Address:	3247 Tendell Rd. Enter Florida street address
	Cottondale , Florida 32431 City Zip Code
New Registered Agent's Signature, if changing Reg	gistered 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

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
AMBR	Garfrey L. White, Sr.	1059 Cricket Ct. Chaptey, FL	32426 Add
			⊟Remove
MG R	Robert L. Winte, R.	3247 Teráell Rd. Cottondale, FL	□Change _32Bl □ Add
			□Remove
			□Change
·		<u></u>	□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
	***		□Add
			Remove
			□ Change
			□Add
			⊡Remove
			ClChange

E. Effective date, i	add Ga	urfrey L.	White,	SR. as c	Owner. O	J Member	3
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(if an effective date is	inserted in this tive date on the	must be specific and block does not be Department of	nd cannot be prior meet the application. State's records.	to date of filing or i able statutory fili	nore than 90 days afte ng requirements, thi	is date will not be I	listed as the
record is filed.						, the sources a	
Dated UN	ly 16	Signature of a	2022 1 member or author	orized representativ	e of a member	7 T.	W-Ct

Filing Fee: \$25.00