L22000208986

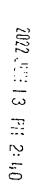
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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration S Division of Co			
OF UP AT OWN	FARMS, LLC		
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	pondence concerning this matter	to the following:	
	Steve Matson		
		Name of Person	
	U-Pick Farms, LLC		
		Firm/Company	
	8751 Gladiolus Drive		
	· ·	Address	
	Fort Myers, Florida 33908		
	•	City/State and Zip Code	
	clblinn@yahoo.com		
	E-mail address: (to be used for future annual report no	tification)
For further information	concerning this matter, please co	all:	
Steve Matson		239 633-1595 at ()	
Name	of Person	Area Code Daytin	me Telephone Number
Englaced is a cheel- for	the following amount:		
	·	Descontinue.	F 660 00 Filler Fee
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addi		Street Address:	45
Registration		Registration S Division of Co	
Division of P.O. Box 6	Corporations	The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 JUN 13 PH 2: 40

U-Pick Farms, LLC		2:14
(<u>Name of the Limited Liab</u> (A Flor	oility Company as it now appears on our records. ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number <u>L22000208986</u>	Company were filed on May 3, 2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "L	imited 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 ADD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe agent and/or the new registered office address here		he name of the new registered
Name of New Registered Agent:		· - · · - · - · - · - · · - · · - · · - · · · - ·
New Registered Office Address:	Enter Florida street address	<u> </u>
		rida
	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

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	Douglas A. Biggar	8751 Gladiolius Drive	□Ađd
		Fort Myers, Florida 33908	≣Remove
			□Change
MGR	Cindy Blinn	8751 Gladilous Drive	
		Fort Myers, Florida 33908	□Remove
			□Change
			□Add
			□Remove
		□Change	
			□Add
			□Remove
			□Change
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ffective date, if other than the an effective date is listed, the date in	he date of filing: _	une 8, 2022	- C C1!	(optional)	Durmont to 605 0201
ote: If the date inserted in this	block does not meet	t the applicable s	tatutory filing requ	irements, this date v	vill not be listed as
ocument's effective date on the	Department of State	e's records.			
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record specifies a delayed effect l is filed.	tive date, our not an	effective time, as	1 12,01 a,m. on the	carner or. (o)	your day areer tire
		2022			
June 8		2022			
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ated	Signature on Finer	nber or authorized	representative of a n	ex in Ret	

Filing Fee: \$25.00