# 122000208986

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Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
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## **COVER LETTER**

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#### TO: Registration Section Division of Corporations

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U-Pick Farms, LLC SUBJECT:

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:

STEVE MATSON

Name of Person

U-PICK FARMS, LLC

Firm/Company

8751 GEADIOLUS DR

Address

FORT MYERS, FL. 33908

City/State and Zip Code

BIGGARONESTEVEM@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CINDY BLINN

Name of Person

\_ at (\_\_\_\_\_) 823 Area Code

Enclosed is a check for the following amount:

🖀 \$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status

 S55.00 Filing Fee & Certified Copy (additional copy is enclosed)

823-4513

\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Davtime Telephone Number

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

U-Pick Farms, 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 05/03/2022 and assigned Florida document number L22000208986

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 "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:	(N D)
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	3
(Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered agent and/or the new registered office address here</u>:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	ldress
	City	, Florida 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 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

Title	Name	Address	Type of Action
MGR	DOUGLAS A BIGGAR	8751 GLADIOLUS DRIVE	
		FORT MYERS, FL. 33908	
MGR	CINDY L BLINN	8751 GLADIOLUS DRIVE	Change
		FORT MYERS. FL. 33908	🖾 Remove
			🗆 Remove
			□Change
			🖾 Add
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			Change

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

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06/01/2022	

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.

JULY 8 Dated	2022
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	0 Matan
	Signature of a member or authorized representative of a member
STEVE MATSON	

Typed or printed name of signee