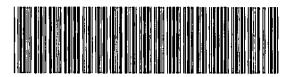
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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AUG 22 2022 M. SOLOMON

## · · · · · COVER LETTER

TO:	Registration Sect Division of Corpo				
SUBJE	CT:	AB Farms Name of Lim	ited Liability Company	··•	
The enc	losed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please r	eturn all correspon	dence concerning this matter	to the following:		
		Michel	le Armbruste Name of Person	.:	جو
			Firm/Company		2008 VAC 5
		<u> 604 f</u>	TVENUE E SE		22 PH
		Wir	Her Haven, FL	<u> 33880</u>	PH 12: 34
		Michelle (	City/State and Zip Code  Ur MIDVUSHEV SU to be used for future annual report notifi	wemail, (iv	n
For furi	her information con Name of I	nceming this matter, picase co	all: ar, 843, 521-	UST9 Telephone Number	
Enclose	d is a check for the	following amount:			
□ <b>\$</b> 25	.00 Filing Fee	ゴ \$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 So Division of Co	ection	Street Address: Registration Sec Division of Corp		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Liability Company Florida Limited Lia	as it now appears on or ability Company)	r_records.)			
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## 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. Thereby 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
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If an effective date is lis Note: If the date ins	ther than the date of sted, the date must be spec serted in this block does to date on the Departme	ific and cannot be pric s not meet the appli	cable statutory tilii	(optionore than 90 days after grequirements, this	tiling.) Pursuant to 60.	5.0207 (3 ted as the
ne record specifies a d	lelayed effective date, b	out not an effective	time, at 12:01 a.m.	on the earlier of: (b	) The 90th day afte	er the
ord is filed.	·		_			
Dated	MG Bth	OFA 202	12,			
Dates		re of includer of and	of SM			
	1 Siehathi	re of a member briadt	norizea representaliy	e or a member		

Filing Fee: \$25.00



August 8, 2022

MICHELLE ARMBRUSTER 604 AVENUE E E WINTER HAVEN, FL 33880

SUBJECT: AB FAMILY FARM LLC Ref. Number: W22000102345

We have received your document for AB FAMILY FARM LLC and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

Incomplete form.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon Senior Section Administrator

Letter Number: 822A00017655

RECEIVED AUG 2 2 2022