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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	





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SUBJEC	Texas Tea,	LLC					
SUBJEC	1:	Name of Lin	nited Liability Company		11.0.10		
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please ret	urn all correspo	ondence concerning this matter	to the following:				
		Matthew Carlton					
			Name of Person			_	
		Texas Tea, LLC					
			Firm/Company				
		P.O. 95				102	
			Address			2023 8:47	
		Boston, GA 31626			-	. rs	i
			City/State and Zip Co	ode		1 11	•
		mearlton@agproco.com			-	2: 05	•
Kar furtha	r information o	E-mail address: (oncerning this matter, please c	to be used for future ann	ual report notifica	ation) (21 %	
		oncerning this matter, prease e		224 0500			
Matthew			at ()	226-0509			
	Name o	f Person	Area Code	Daytime T	elephone Numbe	:r	
Enclosed	is a check for th	ne following amount:					
≡ \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing F Certified Copy (additional copy is	•	Certifie	ate of Status &	
	Mailing Addres Registration S			t <u>Address:</u> stration Secti	on		
	Division of C		_	sion of Corpo			
I	P.O. Box 632	7	The (Centre of Tal	lahassee		
1	l'allahassee, l	FL 32314	2415	N. Monroe S	Street, Suite	810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Texas Tea, 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 _____ and assigned Florida document number <u>1.22000398717</u> 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

. Florida

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	The Matthew W. Carlton Irrevocab	19595 HWY 84 E	
		Boston, GA 31626	≣Remove
			□ Change
MGR	Matthew Carlton	19595 Hwy 23 E	■Add
		Boston, GA 31626	Remove
			□Change
			7020 Add
			Remove
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ective date, if other than the effective date is listed, the date in this etc. If the date inserted in this	nust be specific and	d cannot be prior to	o date of filing o	r more than 90 day	's after filing.) Is this date) Pursuant	to 605.02 he listed :
ument's effective date on the	Department of S	State's records.	ole statutory fi	mg requiremen	is, ims date		oc nated t
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cord specifies a delayed effect filed.	ave date, but not	l an effective tin	ie, at 12:01 a.i	n, on the earlier	or: (b) - in	e 90th aa	iy aiter in
May 26		2023					
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