L22000400976

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04 116/24-401047-4003 **30.50

COVER LETTER

	f	1	7 4
SUBJEÇT: Violet Drea	ims Homestead LLC		<u></u> ;
	Name of Lim	ited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Eric Lancaster		
		Name of Person	
		Firm/Company	
	905 E Easy Street		
	r- N: 11 2 1002	Address	
	Fort Pierce, FL 34982	City/State and Zip Code	
	lovelyivealis@gmail.com		
	E-mail address: (to be used for future annual report not	fication)
For further information co	oncerning this matter, please ca	all:	
Michaelle Rodriguez		at (808) 206-2551	
Name o	f Person		e Telephone Number
Enclosed is a check for th	ne following amount:		
☐ \$25.00 Filing Fee	■ \$30.00 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 Addres	<u>s:</u>	Street Address:	

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Violet Dreams Homestead LLC		
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co		and assigned
lorida document number 1.22000400976	<u>-</u> -	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limit	ed liability company here;	
Violet Farmstead LLC		
he new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRI	<u></u>	
		
		·
inter new mailing address, if applicable:		·
Mailing address MAY BE A POST OFFICE BOX)		<u></u>
3. If amending the registered agent and/or registered gent and/or the new registered office address here:	office address on our records, <u>enter the na</u>	ime of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
	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>	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐Change
			🗀 Add
		<u> </u>	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□ Change

Page 2 of 3

Effective date. If other than the date of filing: (optional)		
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	Dated April 11	th . 2024
		Under Jan
Eric Lancaster		Signature of a memoer or authorized representative of a memoer
COLOR EMPLOYMENT	Eric	Lancaster

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Filing Fee: \$25.00