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07/31/23--01021--002 **25.00

COVER LETTER

TO:

Registration Section

Division of Corporations		
SUBJECT: Sunshine State F	armers LLC mited Liability Company	
	1. 1. 1.6	
The enclosed Articles of Amendment and fee(s) are sul	omitted for filing.	
Please return all correspondence concerning this matter	r to the following:	
<u>Blake Pr</u>	Name of Person	
	√ Name of Person	
Sunshine St	tate Farmers LLC Firm/Company	
119 R:0 Del	Mar St. B	
119 Rio Del Mar St. B Address St. Augustine, FL 32080 City/State and Zip Code		
St. Augustin	1c, FL 37080	
	•	
E-mail address:	LOGEN & GMAIL. COM (to be used for future annual report notification)	
For further information concerning this matter, please of	call:	
Blake Pridgen	at (904) 599-6464	
Name of Person	Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address:	Street Address:	
Registration Section	Registration Section	
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sunshine	State Farmas LLC	
(<u>Name of the Limitec</u> (/	Liability Company as it now appears on our records.) Very transfer of the company of the compan	
	bility Company were filed on 10 25 22	and assigned
Florida document number <u>L22 000 45 88</u>	<u>898</u> .	
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	the limited liability company here:	
Blake Pridgen Photogo	rds "Limited Liability Company," the designation "LLC" or the	abbreviation "L. F. C."
Enter new principal offices address, if applical	M. Herri	
(Principal office address MUST BE A STREET	\sim	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE B	<u> </u>	
		
B. If amending the registered agent and/or repagent and/or the new registered office address	gistered office address on our records, <u>enter the na</u>	me of the new registered
agent and/or the new registered office address	nere.	
Name of New Registered Agent:	No change	
New Registered Office Address:		
	Enter Florida street address	-
	, Florida	Zip Code
	Cajr	$r_{iip} \in oae$

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
<u>, , , , , , , , , , , , , , , , , , , </u>			□Add
			□Remove
			☐Change
~			□Add
	•		□Remove
		 	
			□Add
	4		□Remove
			□Change

Page 2 of 3

•	
If an et Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
.~	7/28/23 2023
Dated	
Datec	Polale Vin
Datec	Signature of a member or authorized representative of a member

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