

To:

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2024-03-19 12:54:16 UTC-14

18506176383

From: ZenBusiness User

1124000103676

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L22000499570

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000103676 3)))



H240001036763ABC1

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : ZENBUSINESS INC.
Account Number : I20230000190
Phone : (844)449-3624
Fax Number : (844)449-3624

2024 MAR 19 AM 8:06
TALLAHASSEE, FL

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED

2024 MAR 19 AM 9:30

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LAGOM FARM LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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Corporate Filing Menu

Help

1124000103676

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To:

Page: 2 of 4

2024-03-19 12:54:16 UTC+14

18506176393

From: ZenBusiness User
H240001036
76.3

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Lagoon Farm 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 2023-02-15 and assigned
Florida document number L22000499570.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Emerald Roots Farm LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.C."

Enter new principal offices address, if applicable:

4901 Rock Hill Road DeFuniak Springs, FL 32435

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

4901 Rock Hill Road DeFuniak Springs, FL 32435

(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

Florida

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

H24000103676.3

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

11240001036
76.3

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Melisa Boucher		☐ Add
		2828 Old Hickory Boulevard Apt 1803 Nashville, TN 37221	☒ Remove
			☐ Change
AMBR	Melisa Thompson	4901 Rock Hill Rd, Defuniak Springs, FL 32435	☒ Add
			☐ Remove
			☐ Change
AMBR	Wayland Thompson		☐ Add
			☐ Remove
		4901 Rock Hill Rd, Defuniak Springs, FL 32435	☒ Change
			☐ Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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

Dated 3/18 2024

by Melisa Thompson

Signature of a member or authorized representative of a member

Melisa Thompson

Typed or printed name of signer