

L230000 68606

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

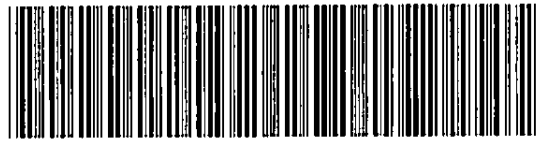
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/15/23 --01007 010 **25.01

5/4/23
V. L. L.

FILED
2023 MAR 15 AM 8:52
STATE
OFFICE

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: B.A.D. NURSERY LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MORRIS CORBITT

Name of Person

B.A.D. NURSERY LLC

Firm/Company

135 GOULD ROAD E

Address

VENUS, FL 33960

City/State and Zip Code

VERNAM@DIROCCOCPA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MORRIS CORBITT

Name of Person

at

(954)

Area Code

931 7903

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$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 Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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**

B.A.D. NURSERY 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 02/07/2023 and assigned
Florida document number L23000068606.

This amendment is submitted to amend the following:

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

M.A.D. NURSERY LLC

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)

135 GOULD ROAD E
VENUS, FL 33960

FILED
2023 MAR 15 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FL

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member


[illegible]

[illegible]

(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)

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 Feb 19 2023

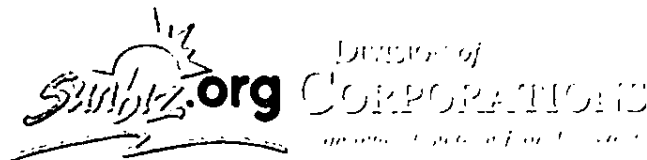

Signature of a member

Signature of a member or authorized representative of a member

MORRIS CORBITT

Typed or printed name of signee

Filing Fee: \$25.00



Filing Information

Please review the filing for accuracy. If you need to make corrections, do so at this time. The filing information will be added/edited exactly as you have entered it. Once you have submitted the information, your filing cannot be updated, removed, cancelled or refunded.

Effective date for this filing 02/01/2023

Certificate of Status Requested No

Certified Copy Requested No

Limited Liability Company Name B.A.D. NURSERY LLC

Principal Place of Business

Address 8 PANE ROAD

Suite, Apt. #, etc.

City, State VENUS, FL

Zip Code & Country 33960,

Mailing Address

Address 15 GOULD ROAD E

Suite, Apt. #, etc.

City, State VENUS, FL

Zip Code & Country 33960.

Name and Address of Registered Agent

Name (Last, First, Middle, Title) CORBITT, MORRIS, .

Address 135 GOULD ROAD E

Suite, Apt. #, etc.

City, State VENUS, FL

Zip Code & Country 33960, US

Registered Agent Signature MORRIS CORBITT

Any Other Provision(s) - Optional (Purpose, Statements, etc.)

Correspondence Name And E-mail Address

Name and e-mail address to whom correspondence should be e-mailed

Name MORRIS CORBITT

E-mail Address VERNAM@DIROCCOCPA.COM

Signature of a member or an authorized representative.

Signature MORRIS CORBITT

Name And Address of Person(s) Authorized to Manage LLC

Name And Address #1

Title MGR
Name (Last, First, Middle, Title) CORBITT, MORRIS
Street Address 135 GOULD ROAD E
City, State VENUS, FL
Zip Code & Country 33960,

Name And Address #2

Title MGR
Name (Last, First, Middle, Title) CORBITT, ANDREA , L
Street Address 135 GOULD ROAD E
City, State VENUS, FL
Zip Code & Country 33960,

Name And Address #3

Title MGR
Name (Last, First, Middle, Title) CORBITT, A , D
Street Address 135 GOULD ROAD E
City, State VENUS, FL
Zip Code & Country 33960,

Continue