## 23000092369

•	(Requestor's Name)	
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	(Address)	
	(City (Charles Mice (Charles 4))	
	(City/State/Zip/Phone #)	
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PICK-UP	☐ WAIT	MAIL
	(Business Entity Name)	
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	(Document Number)	<del></del>
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at Instructions to	Filing Officer:	
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MAR - 3 2023

## **COVER LETTER**

TO: Registration S Division of Co			
FARMER	S INSTALLATIONS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	ANTHONY FARMER		
	<del> </del>	Name of Person	1 5
	FARMERS INSTALLATI	ON	
	*****	Firm/Company	
	1211 E 151ST AVE		
		Address	
	LUTZ, FLORIDA 33549		
	<u></u>	City/State and Zip Code	
	FARMERSINSTALLATIC	N@GMAIL.COM to be used for future annual report not	(feeting)
For further information	concerning this matter, please c		arcatony
ANTHONY FARMER	- · · · ·	813 4478165	
<u></u>	of Person	at ()	ne 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 Addr Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of 7 2415 N. Monro Tallahassee, FL	rporations Fallahassee oe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FARMERS INSTALLATIONS LLC		2023 KAR -3 AH 8: 50
(Name of the Limited Liability (A Florida I	Company as it now appears on our reco limited Liability Company)	rds.) 8:50
The Articles of Organization for this Limited Liability Cor Florida document number <u>L23000092369</u> .		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "Li	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	
Enter new mailing address, if applicable:	<del> </del>	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>ent</u>	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addi	TEXN
	,1	Florida
<del></del>	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>	<u>Address</u>	Type of Action
AP	EMILY FARMER	1211 E 151ST AVE	□ Add
		LUTZ,FL 33549	≅Remove
			□Change
AP	ANTHONY FARMER	1211 E 151ST AVE	<b>∃</b> Add
		LUTZ,FL 33549	□Remove
			☐Change
	<del></del>		□∧dd
			□ Remove
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Note: If th	date, if other than the date of filing:
document':	
	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
e record spend is filed.	02/2023
e record spe d is filed.	02/2023
e record spe d is filed.	