Lentas

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(((H230003142213)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RASI

Account Number : 120220000023 Phone : (800)221-2972 Fax Number : (917)243-5843

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

Email Address:

SEC LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WENDAN FARM LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

Heff202 80 dES

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lexitas

Wendan FARM LIC	av ac it was appears on our records	
Wendan FARM LLC (Name of the Limited Liability Compa) (A Florida Limited L	iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000122361</u> .	were filed on 3/8/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX)	P.O.BOX 5 NORTH SAIRH, NEW	
		0660
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ddress on our records, <u>enter the name</u>	of the new registered
Name of New Registered Agent:		
New Registered Office Address:		~
	Enter Florida street address	٠٠٠ ١٥
	, Florida	Zip Code .
New Registered Agent's Signature, if changing Registered Agent:		7-4
I hereby accept the appointment as registered agent and agra provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered affice company has been notified in writing of this change.	performance of my duties, and I am fo provided for in Chapter 605, F.S. Or,	amiliar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

To:

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
			□Add
	- Chiraman I anni del Carretto	□Remove	
			☐ Change
			□Add
		St too Parks	□Remove
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			□Add
			Remove
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· · · · · · · · · · · · · · · · · · ·			DAdd
		-	□ Remove
			Change

To

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,		
Note: If the date insci	ner than the date of filing: Id, the date must be specific and cannot be prior to date of filing or mure than 90 days after filing.) Pursuanted in this block does not meet the applicable statutory filing requirements, this date will not date on the Department of State's records.	u to 605.020 be listed (
record specifies a del d is filed.	layed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th d	ny aftor th
Pated		
	Signature of a mamber or authorized representative of a member	
	/	