

L23000136620

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

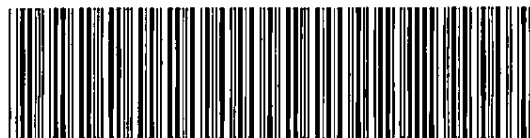
(Document Number)

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JUL 25 2023



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AM 7:41
CLERK

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Wilmer Mae Orchards 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:

Kimberly Morrison

Name of Person

Wilmer Mae Orchards LLC

Firm/Company

9434 State Highway 81

Address

Ponce de Leon, FL 32455

City/State and Zip Code

kimlola66@gmail.com

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

For further information concerning this matter, please call:

Daniel Hougland

Name of Person

504 491 5731
at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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**

Wilmer Mac Orchards 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 March 16, 2023 and assigned
Florida document number 123000136620.

This amendment is submitted to amend the following:

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

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:

9434 State Highway 81

(Principal office address MUST BE A STREET ADDRESS)

Ponce de Leon, FL 32455

Enter new mailing address, if applicable:

9434 State Highway 81

(Mailing address MAY BE A POST OFFICE BOX)

Ponce de Leon, FL 32455

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:

Kimberly Morrison

New Registered Office Address:

9434 State Highway 81

Enter Florida street address

Ponce de Leon

City

Florida

32455

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>	<u>Type of Action</u>
AMBR	Kimberly Morrison	9434 State Highway 81	<input checked="" type="checkbox"/> Add
		Ponce de Leon, FL 32455	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Daniel Hougland	1307 Deerbrook Dr	<input checked="" type="checkbox"/> Add
		Sugar Land, TX 77479	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

[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)

Dated May 26th 2023

Kimberly Morrison
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00