L23000171088

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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COVER LETTER

TO:

TO: Registration S Division of Co			•
JMC Farm	s, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Michele Curry		
		Name of Person	
		Firm/Company	
	P O Box 807		
		Address	
	Alva, FL 33920		
	shellyc153@centurylink.ne	City/State and Zip Code	
		to be used for future annual report no	cification)
For further information	concerning this matter, please c	all:	
Michele Curry		239 243-4911 at ()	
Name	of Person		me 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		Street Address: Registration S	ection
Registration Section Division of Corporations		Division of Co	
P.O. Box 63	27	The Centre of	
Tallahassee,	FL 32314	2415 N. MON	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JMC Parms, ELC		
(Name of the Limited Liability Compa (A Florida Limited I	<u>ny as it now appears on our re</u> Liability Company)	corat.)
The Articles of Organization for this Limited Liability Company	were filed on 04/06/2023	and assigned
Florida document number L23000171088		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
T Jackson Farms, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity 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)		- 2
		023 (
		, -
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		7
		1,5
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>er</u>	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ac	idress
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent;		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dutie. provided for in Chapter 6	s, and I am familiar with and 05, F.S. Or, if this document is

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
			□Remove
		·	Change
		 	□ Add
			CRemove
			□ Change
			□Remove
			DAdd
			□Remove
			Change
			
		□Remove	
			Change
		 	□ Remove
			Change

amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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ffectiv	e date, if other than the date of filing: tive 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 605.020
lote: [f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nt's effective date on the Department of State's records.
record I is file	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 d.
ated_	2023
	Signature of a member or authorized representative of a member
	Michele Curry

Filing Fee: \$25.00