## 1230002.00325

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## **COVER LETTER**

TO:	Registration Se Division of Cor				
en bu	Ashley's Ac	eres			
SUBJI	Name of Limited Liability Company				
The en	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
		Ashley Humphrey			
			Name of Person		
		Ashley's Acres			
			Firm/Company	<del></del>	
	4845 SW 78th Avenue Address				
		Bushnell, FL. 33513			
			City/State and Zip Code	<u> </u>	
		ashleysacresllc@gmail.com		<del></del>	
ь.			to be used for future annual report notific	cation)	
For Jui	rther information c	oncerning this matter, please c	au:		
Ashley	y Humphrey		352 223-4882	200 SI	
	Name o	f Person	at () Area Code Daytime	Telephone Number Nov 15	STATES STATES
Enclos	sed is a check for th	ne following amount:		- CO 00 FULL [17]	ε [ 1 ]
□ <b>\$</b> 2	25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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

Ashley's Acres		
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C		and assigned
Florida document number <u>L23000200325</u>	<u>.</u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited 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 ADD.	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		20 S
B. If amending the registered agent and/or registered	ed office address on our records, enter the	name of the new registere
agent and/or the new registered office address here:		5 7
		- T
Name of New Registered Agent:		- <del>10 - 2 - 11</del>
New Registered Office Address:		
New Negistered Office Address.	Enter Florida street address	EP W
	. Floric	
	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 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
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ective date, if other than the date of filing: (option of filing or more than 90 days after file of the date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after file of the date of filing or more than 90 days after file of the date of filing or more than 90 days after file of the date of filing or more than 90 days after file of the date of filing or more than 90 days after file of the date of filing or more than 90 days after file of the date of filing or more than 90 days after file of the date of filing or more than 90 days after file of the date of filing or more than 90 days after file of the date of filing or more than 90 days after file of the date of filing or more than 90 days after file of the date of of the	al). · · · · · · · · · · · · · · · · · · ·	<b>්</b> ට 605 0203
te: If the date inserted in this block does not meet the applicable statutory filing requirements, this d	atejviil not	be listed as
cument's effective date on the Department of State's records.	STATI	ֈ։ 30
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	6.2.7	O O
is filed.	THE 90th da	ty after the
November 5th 2023		
$(\mathcal{C}, \mathcal{C}, C$		
Signature of a member or authorized representative of a member	· · · · <del>-</del>	_
/\ // .		
Ashley Humphrey		