

L23000316914

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

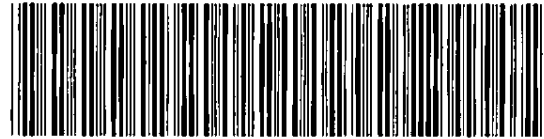
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: WILDFLOWERZ RANCH, 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:

DAVID S. GED, ESQ.

Name of Person

GED LAW

Firm/Company

7955 AIRPORT PULLING ROAD N., SUITE 202

Address

NAPLES, FL 34109

City/State and Zip Code

DGED@GED-LAW.COM

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

For further information concerning this matter, please call:

DAVID S. GED, ESQ.

239 514-5048  
at ( )

Name of Person

Area Code

Daytime 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 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

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TALLAHASSEE

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

WILDFLOWERZ RANCH, 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 JULY 3, 2023 and assigned  
Florida document number L23000316914

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:**

(Principal office address MUST BE A STREET ADDRESS)

1564 MOCKINGBIRD DRIVE

NAPLES, FL 34120

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

1564 MOCKINGBIRD DRIVE

NAPLES, FL 34120

**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:

SUSANNE M. ZAINO

New Registered Office Address:

1564 MOCKINGBIRD DRIVE

*Enter Florida street address*

NAPLES

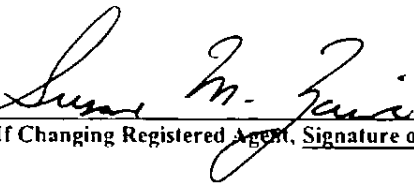
Florida 34120

*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>	<u>Type of Action</u>
MGR	SUSANNE M. ZAINO	1564 MOCKINGBIRD DRIVE	<input checked="" type="checkbox"/> Add
		NAPLES, FL 34120	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GREGORY P. ZAINO	1564 MOCKINGBIRD DRIVE	<input checked="" type="checkbox"/> Add
		NAPLES, FL 34120	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ASHLEY ELLIS	5150 TAMiami TRAIL N, STE 502	<input type="checkbox"/> Add
		NAPLES, FL 34103	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

SECRETARY OF STATE  
TALLAHASSEE, FL  
2023 SEP 11 AM 11:09  
Change  
Add  
Remove  
Change

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SECRETARY OF STATE  
TALLAHASSEE, FL

SECRETARY OF STATE  
TALLAHASSEE, FLA.  
2023 SEP 11 AM 1:09

(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)

If the record 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 record is filed.

Dated August 31, 2023

Signature of a member or authorized representative of the contractor

Signature of a member or authorized representative of a member

Susanne M. Zaino

Typed or printed name of signee

**Filing Fee: \$25.00**