

Florida Department of State
 Division of Corporations
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FLORIDA DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS

To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : PETERSON & MYERS PA
 Account Number : I20080000078
 Phone : (863)683-6511
 Fax Number : (863)688-8099

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APPROVED
 AND
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****Enter the email address for this business entity to be used for future
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Awalls@petersonmyers.com

Email Address: _____

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SEP 21 2023

HYBRID LAND MANAGEMENT, LLC

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Estimated Charge	\$25.00

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Corporate Filing Menu

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hybrid Land Management, 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:

Amanda L. Walls

Name of Person

Peterson & Myers, P.A.

Firm/Company

225 E. Lemon Street, Suite 300

Address

Lakeland, FL 33801

City/State and Zip Code

awalls@petersonmyers.com

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

For further information concerning this matter, please call:

Amanda L. Walls

863 683-6511
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

(((H23000331820 3)))

Hybrid Land Management, 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 August 2, 2023 and assigned
Florida document number L23000360399.

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**) _____

Enter new mailing address, if applicable: _____

(Mailing address **MAY BE A POST OFFICE BOX**) _____

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
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

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If attaching 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Candace M. Brackin	2126 Banana Road	<input checked="" type="checkbox"/> Add
		Lakeland, FL 33810	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Bailey Birdwell	2126 Banana Road	<input checked="" type="checkbox"/> Add
		Lakeland, FL 33810	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated September 20, 2023

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00