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| (Re | equestor's Name) | |
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| (Ad | idress) | |
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| (Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: | | |
| (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status | MAIL | |
| (Bu | ısiness Entity Name |) |
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HIGHLANDS FARMERS MARKET **COVER LETTER**

PHONE NUMBER: 772-410-7284

EMAIL: highlandsfarmersmarketllc@gmail.com
RETURN ADDRESS: 605 S EGRET ST, SEBRING, FL 33870

COVER LETTER

TO:

| TO: | Registration Se Division of Cor | | | |
|--------|--|---|--|--|
| SUBJI | ECT: <u>Highl</u> | ands' Famers Name of Lin | Markot UC nited Liability Company | |
| The en | closed Articles of | Amendment and fee(s) are sul | bmitted for filing. | |
| Please | return all correspo | ndence concerning this matter | r to the following: | |
| | | lane Ben | Name of Person | |
| | | | Firm/Company | 2021, JAN 31 PH 1: 08 SESPETIVE SECTOR |
| | | 105 S Eg. | rec Street Address | <u> </u> |
| | | Selving, FC | - 33570 City/State and Zip Code | · · · · · · · · · · · · · · · · · · · |
| | | Ø | City/State and Zip Code | 08 |
| or fur | her information co | E-mail address: oncerning this matter, please o | to be used for future annual report not | ification) |
| 1 | N Senhau | | at (<u>772</u>) <u>410 -</u> Area Code Daytin | 7284 |
| | rvanc or | , c. 3011 | Area Code Dayan | ne Telephone Number |
| | | following amount: | | |
| \$25 | .00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | (additional copy is enclosed) | □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Mailing Address Registration So Division of Co P.O. Box 6327 Tallahassee, Fl | ection orporations | Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL | rporations Fallahassee e Street, Suite 810 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Highlands Farmers Market CCC

| (A Florida Limited | Liability Company) |
|---|--|
| The Articles of Organization for this Limited Liability Company | were filed on 10/10/23 and assigned |
| Florida document number <u>L23000466950</u> | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liab | bility company here: |
| | 7,024 |
| The new name must be distinguishable and contain the words "Limited Liabi | and the same and t |
| Enter new principal offices address, if applicable: | 405 5 Egnet St. : W |
| (Principal office address MUST BE A STREET ADDRESS) | Sebring FC 37870 |
| | 10. = |
| Enter new mailing address, if applicable: | 1005 S. Fonet St. |
| (Mailing address MAY BE A POST OFFICE BOX) | (005 S. Egnet St. Sebriny FB 33870 |
| THE STATE OF THE BOTTON | 7 |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, enter the name of the new registere |
| Name of New Registered Agent: Jan 19 | Senham Egyet St. Enter Florida street address Tip Code |
| New Registered Office Address: (2055) | · Equet St. |
| | O Enter Florida street address |
| Selvin | City Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | <u>.</u> |
| I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete | ee to act in this capacity. I further agree to comply with the 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> | Name | Address | Type of Action |
|--------------|--------------------|---------------------------------------|----------------|
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| | | 16823 Boney Rol. Sebring, F& 33870 | ZRemove |
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| fective date, if other than to effective date is listed, the date is | nust be specific a | and cannot be prior | to date of filing or | more than 90 days afte | ional) er filing.) Pursuant to 6 | 05.020 |
| ote: If the date inserted in this cument's effective date on the | | | | ing requirements, th | is date will not be i | isted a |
| | | | | | | |
| ecord specifies a delayed effect is filed. | tive date, but n | ot an effective t | ime, at 12:01 a.m | . on the earlier of: (| b) The 90th day al | fter the |
| ted December 31 | | . <u>2023</u> | - | | | |
| | Q_{Λ} | ne Be | enham | | | |
| ~ | Signatur of | a member or auth | orized representativ | e of a member | | |