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(Requestor's Name)					
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COVER LETTER

Tallahassee, FL 32314

то:	Registration Se Division of Cor					
CHD IV	Shade Farn	ns, LLC				
SUBJEC	-1; <u> </u>	Name of Lin	ited Liability Company			
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please re	eturn all correspo	ondence concerning this matter	to the following:			
		Karrie Tidlund				
Name of Person						
		Shade Farms, LLC				
Firm/Company						
		1314 E Wabash St				
			Address			
		Bartow, Florida 33830				
City/State and Zip Code karrierae506@gmail.com E-mail address: (to be used for future annual report notification)						
For furth	er information c	oncerning this matter, please c		unication)		
Karrie Tidlund			678 9000676 at ()			
Name of Person		Area Code Dayti	me Telephone Number			
Enclosed	l is a check for th	ne following amount:				
■ \$25.	00 Filing Fee	S30.00 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:		Street Address:			
Registration Section Division of Corporations			-	Registration Section Division of Corporations		
P.O. Box 6327			The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Shade Farms, 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 1/1/24 _____ and assigned Florida document number _L23000480237 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

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.

City

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>	Address	Type of Action
MGR	Bertil Tidlund	1314 E Wabash ST, Bartow FL 33830	
			□Remove
			□Change
		<u></u>	□ Add
			□Remove
			□Change
			□ Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
	 		□ Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ___ (optional) (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) 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. 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 tiled. Dated ___ April 24 2024 Signature of a member or authorized representative of a member Karrie Tidlund Typed or printed name of signee

Filing Fee: \$25.00