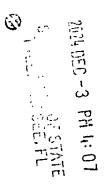
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Office Use Only



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COVER LETTER

TO: Registration Se Division of Co					
L2th STRE	ET FARMS LLC				
SUBJECT:	Name of Lim	ited Liability Company			
	Amendment and fee(s) are sub				
r rease return an correspo	Bruce McCullers	to the tonowing.			
		Name of Person			
		Firm/Company			
	6350 8th Street	Address			
	Vero Beach FL 32968	, tuntus.			
	bmccullers1129@gmail.com				
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report notit all:	ication)	2014 DEC	
Bruce McCutters		772 473-8879		DEC -	
Name o	of Person	Area Code Daytime	e Telephone Number	\cdots	-
Enclosed is a check for t	he following amount:			PH 4: 07	<u>د</u>
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	ng Fee. 77	
M W Adding		Strant Address			

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

12TH STREET FARMS LLC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records Liability Company)	·~)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.23000496730}{1.23000496730}$.	were filed on October 31, 2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6350 8th Street	
(Principal office address MUST BE A STREET ADDRESS)	Vero Beach, FL 32968	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6350 8th Street Vero Beach, FL 32968	D 5 22
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	27 C) T
Name of New Registered Agent:		FRIE 07
New Registered Office Address:	Enter Florida street addres:	
<u></u>	' · · · ·' · · · · ·	orida
	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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Rita Hunter	3780 7th Lane	□ Add
		Vero Beach FL 32968	■Remove
			Change
MGR	Bruce McCullers	6350 8th St	= Add
		Vero Beach FL 32968	🗖 Remove
			Change
			
			Remove Change 3
			O Addb
			□ Remove
			□Add
			□Remove
			□Change

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					STATE E. FL
ffective date, if other that an effective date is listed, the da	n the date of fi	ling:	- to date of Olina	(op	tional)
Sote: If the date inserted in	this block does no	ot meet the appl	icable statutory f	iling requirements, t	his date will not be listed as
locument's effective date on	the Department of	of State's record	S.		
record specifies a delayed e d is filed.	ffective date, but	not an effective	time, at 12:01 a.	m, on the earlier of:	(h) The 90th day after the
Paled 11 - 25		2024			
- 17		•	•		
\sim 01 \sim					
Dated 11 - 25	:(t/C)	<u> </u>			<u> </u>

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Filing Fee: \$25.00