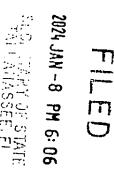


(111)				
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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TO: Registration So Division of Cor			
Just Like L SUBJECT:	cala, LLC		
30bjec1:	Name of Lim	ited Liability Company	······································
		to the letter	
	Amendment and fee(s) are sub	_	
Please return all correspo	ondence concerning this matter	to the following:	
	Leala Dunn		
		Name of Person	
	Farmplicity Gardens, LLC		
		Firm/Company	
	1820 Mason Terrace		
	-	Address	
	Melbourne, FL 32935		
	ii-d02@il	City/State and Zip Code	
	imagemind02@gmail.com E-mail address: (to be used for future annual report i	notification)
For further information of	concerning this matter, please c	all:	
Leata Dunn		321 987-8775	
Name o	of Person	at () Area Code Day	time Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address	
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 632		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

TO ARTICLES OF ORGANIZATION OF

Liability Company as it now appears on ou Florida Limited Liability Company)	r records.)
oility Company were filed on December	r 15, 2023 and assigned
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ne limited liability company here:	
ls "Limited Liability Company," the designati	
le:	2024 SEC
ADDRESS)	· · · · · · · · · · · · · · · · · · ·
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istered office address on our records here:	s, enter the name of the new regist
D : 19 - 1	
Enter Florida stre	el address
	, Florida
	ility Company were filed on December ing: ne limited liability company here: Is "Limited Liability Company," the designation in the designation

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.

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Add
			□Remove
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(If an eff Note:	tive date, if other than the date of filing: (optional) ective 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
the recor	d 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 ed.
Dated	December 28 2023
Dated	SPR .
	/ ~ 9/4

Typed or printed name of signee