## LE4000189183

| (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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Office Use Only



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## **COVER LETTER**

| Division of Cor               |  |  |   |
|-------------------------------|--|--|---|
|                               | nd Sawmill, LLC                              |  |   |
| SUBJECT:                      | Name of Lim                                  | ited Liability Company   |   |
|                               |  |  |   |
| The enclosed Articles of      | Amendment and fee(s) are sub                 | mitted for filing.   |   |
| Please return all correspo    | ndence concerning this matter                | to the following:  |   |
|                               | Charlotte M. Lea                             |  |   |
|                               |  | Name of Person   | <del> </del>  |
|                               | Lea Farm and Sawmill, LL                     | .c   |   |
|                               |  | Firm/Company   |   |
|                               | 9655 South Trace Road                        |  |   |
|                               |  | Address  | <u> </u>  |
|                               | Milton, FL 32583                             |  |   |
|                               |  | City/State and Zip Code  | ·   |
|                               | LeaFarmandWoodworks@g                        | gmail.com to be used for future annual report notif              | ication)  |
| For further information c     | oncerning this matter, please c              |  | (Carroll)   |
| Charlotte M. Lea              |  | 850 356-7183   |   |
| Name o                        | f Person                                     | at () Area Code Daytime  | Telephone Number  |
| Enclosed is a check for the   | ne following amount:                         |  |   |
| ■ \$25.00 Filing Fee          | □ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Addres Registration S |  | <u>Street Address:</u><br>Registration Sec                       | tion  |
| Division of C                 |  | Division of Corp   |   |

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassec. FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Lea Farm and Sawmill, LLC   |   |                   |                   |
|---|---|-------------------|-------------------|
| (Name of the Limited Liability Cor<br>(A Florida Limit  | mpany <u>as it now appears on our r</u><br>led Liability Company) | records.)         |                   |
| The Articles of Organization for this Limited Liability Compa   | any were filed on 04/22/2024                                      |                   | and assigned      |
| Plorida document number 1.24000189183   |   |                   |                   |
| his amendment is submitted to amend the following:  |   |                   |                   |
| A. If amending name, enter the new name of the limited I  | iability company here:  |                   |                   |
| ea Farm and Woodworks, LLC  |   |                   |                   |
| he new name must be distinguishable and contain the words "Limited L  | iability Company," the designation                                | "LLC" or the abbr | eviation "L.L.C." |
| Inter new principal offices address, if applicable:   |   |                   |                   |
| Principal office address MUST BE A STREET ADDRESS   | <u> </u>  |                   |                   |
|   |   |                   | ·                 |
|   | <del></del>   |                   |                   |
| inter new mailing address, if applicable:   |   | 237<br>میسو       | <b>S</b>          |
| Mailing address MAY BE A POST OFFICE BOX)   |   | , ;               | <b>:</b> ::       |
| Muning address SIAT BE AT OST OFFICE BOXY   |   | 1116              | <u>ධ</u>          |
|   |   |                   |                   |
| 3. If amending the registered agent and/or registered offigent and/or the new registered office address here: | ce address on our records, g                                      | • •               |                   |
| 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

| MGR = N      | Ianager           |             |                |
|--------------|-------------------|-------------|----------------|
| AMBR = A     | authorized Member |             |                |
| <u>Title</u> | Name              | Address     | Type of Action |
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|              |                   | <del></del> | □Remove        |
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| etive date, if other t            | han the date of fi    | ling:             | and the of filling of | (opt                   | tional)                 | ารกว   |
| e: If the date inserted           | in this block does n  | ot meet the appl  | icable statutory fil  | ing requirements, th   | is date will not be lis | ited i |
| ament's effective date            | on the Department (   | of State's record | ls.                   |                        |                         |        |
|                                   | 1 66 7 1 1 1 1        | ee                |                       |                        | (h) The OOth deveation  | ae eh  |
| ord specifies a delayed<br>filed. | refrective date, but  | посап спесиче     | time, at 12.01 a.ff   | i. on the earner of: ( | ,or the sourcay and     | ci til |
|                                   |                       |                   |                       |                        |                         |        |
| June 3<br>ed                      |                       | 2024              | <del></del> :⁄        |                        |                         |        |
| $\bigcap I_{\Lambda}$             | 1011                  | m '               | A Comment             |                        |                         |        |
|                                   | NUGCCO<br>Signature c | of a member or au | horized representati  | ve of a member         |                         |        |
|                                   | -                     |                   |                       |                        |                         |        |

Filing Fee: \$25.00