

8/2/24 11:32 AM

Division of Corporations

L24000219389

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((1124000260643 3)))



H240002606433ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : ALLSTATE CORPORATE SERVICES CORP
Account Number : 120040000031
Phone : (800)906-9220
Fax Number : (800)906-9580

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED
ALLSTATE FLORIDA
DIVISION OF CORPORATIONS

2024 AUG -2 AM 4:13

FILED

RECEIVED
2024 AUG -2 PM 1:13
ALLSTATE FLORIDA
DIVISION OF CORPORATIONS

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
QUARTER POLE FARM LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$30.00

K. SALY

AUG - 6 2024

Electronic Filing Menu Corporate Filing Menu Help

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

QUARTER POLE FARM 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 06/19/2024 and assigned Florida document number L24000219389.

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

City

Florida

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 Changing Registered Agent, Signature of New Registered Agent

FILED
2024 AUG -2 AM 4:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	KIMBERLY ACKERMAN	210 SE MIZNER BLVD APT 501	☐ Add
		BOCA RATON, FL 33432	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

2024 AUG -2 AM 4:13
FILED
CLERK OF COURT
JALPHASSETT, FLORIDA

