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(Business Entity Name)	
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12/27/24--01049--014 **25.00

COVER LETTER

TO: Registration Se Division of Con			
SUBJECT:SO_	th turow Name of Lin	Farms LLC	
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Dale 1	Name of Person	
	South	Furrow Farm	suc
	1409:	3 149+4 RC Address	
	<u>Live</u>	Dak FZ 37	2060 SECT 3810
	dalem : E-mail address: (Dak FZ 37 City/State and Zip Code To word a had to be used for future annual proport notifice.	SECRETARY Cation)
For further information c	oncerning this matter, please c		
Dale D Name o	ain wright f Person	at (<u>386</u>) <u>540</u> 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	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Sec	tion
Division of C	Corporations	Division of Corp	
P.O. Box 632		The Centre of Ta	
Tallahassee, 1	L 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp.	any as it now appears on o	our records.)
(Name of the Limited Liability Comp. (A Florida Limited	Liability Company)	,
The Articles of Organization for this Limited Liability Company Florida document number <u>L2406033542</u>	were filed on7	$\sqrt{25/24}$ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	evelopmer ility Company, the designation	ttion "LEC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		S 207
Enter new mailing address, if applicable:		DEC 27
(Mailing address MAY BE A POST OFFICE BOX)		10°C = 10°C
		77
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our record	ls, <u>enter the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida sti	eet 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 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
			□Add
			☐ Change
			⊡Add
			□Remove
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f an effective date Note: If the da	if other than the case listed, the date must te inserted in this blocetive date on the De	be specific and ock does not m	cannot be prior to eet the applicat		more than 90 day		
record specific	es a delayed effective	date, but not a	in effective tim	ie, at 12:01 a.n	n, on the earlier	of: (b) The 9	Oth day after the
	2/15/		2024	_ ·			
Dated		// -	////				

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