

L24000496447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

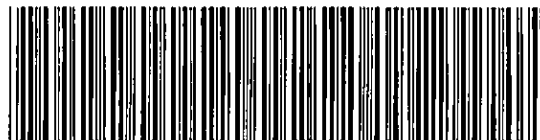
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE

JAN 27 2025

Office Use Only



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12/09/24--01019--003 **25.00

FILED
2024 DEC -6 PM 12:37
J. HORNE

Greetings to the Registration Section, Division of Corporations,

Thank you for your rapid review of our Articles of Organization for POT BELLY ACRES HOMESTEAD, LLC which were filed electronically on November 25, 2024, and were assigned document number L24000496447.

The purpose for the Articles of Amendment, is that I made a typographical error while submitting the request. The original LLC name request was "POT BELLY ACRES HOMESTEAD, LLC"

What should have been submitted, and the correct spelling is "POTBELLY ACRES HOMESTEAD, LLC"

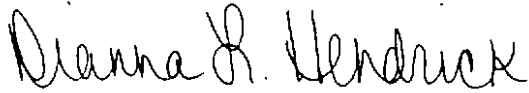
Upon further review, there is no space in between "Pot" and "Belly".

We have included the filing fee and are hopeful you can help us address this error.

Thank you kindly,

A handwritten signature in black ink, appearing to read "CH Hendrick", written in a cursive style.

Christian L. Hendrick

A handwritten signature in black ink, appearing to read "Dianna L. Hendrick", written in a cursive style.

Dianna L. Hendrick

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: POTBELLY ACRES HOMESTEAD, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHRISTIAN L. HENDRICK

Name of Person

POTBELLY ACRES HOMESTEAD, LLC

Firm/Company

5986 SHIMMERING PINES ROAD

Address

PACE, FLORIDA 32571

City/State and Zip Code

chendrick@mchsi.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISTIAN L. HENDRICK

850 313-3861
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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**

FILED
2024 DEC -6 PM 12:36

POT BELLY ACRES HOMESTEAD, 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 NOVEMBER 25, 2024 and assigned
Florida document number 1.24000496447.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

POTBELLY ACRES HOMESTEAD, LLC

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

_____, 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

[illegible]

[illegible]

(If an effective 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)(b)

If the record 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 record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00