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.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803

Fax Number : (813)436-5206

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

Email	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MISSING FARM, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2025 JUN -6 PM 2: 41

MISSING FARM, LLC

(Name of the Limited Liability Company as it now appears on our records LAHASSEE, FLORIDA (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the lin	nited liability co	mpany here:				
The new name must be distinguishable and contain the words "L	imited Liability Com	pany," the designation	"LLC" or the abb	reviation "L.L.C."		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD		01 4th St N E 300				
Trincipal office and essential to the A STREET FIELD		. Petersburg, F	L 33702			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		01 4th St N E 300				
	St.	St. Petersburg, FL 33702				
B. If amending the registered agent and/or register agent and/or the new registered office address here Name of New Registered Agent:	:	on our records, g		of the new registered		
New Registered Office Address:	7901 4th St N STE 300					
	Enter Florida street address					
•	St. Petersburg		Florida	33702 Zip Code		
New Registered Agent's Signature, if changing Register	vd Agent:					

Thereby 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.

f Changing Registered Agent, Signature of New Registered Agent

Jun 06, 2025 10:44 To: -18506176383 Page 3/4 Fox 18134365206

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>	Type of Action
			□Add
			□ □ Remove
			The hange
			⊒Add
			□ Remove
			□Change
			□Add
			TRemove
			□Change
			□Add
			∏Remove
			
			□Remove

D. If ame	nding any other in	formation, enter chan	ge(s) here: /Atta	ch additional sheets, i	if necessary.)	
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(If an effe <u>Note:</u>	ective date is listed, the c If the date inserted in	an the date of filing: _ late must be specific and can this block does not meet to the Department of State	the applicable stati	Tiling or more than 90 day	(optional) is after filing.) Pursua its, this date will no	int to 605,0207 (3)(b) of be listed as the
If the record repord is file		effective date, but not an e	effective time, at 11	2.01 a.m. on the eather	of. (b) The 90th	day after the
Dated_	June 5th	·	2025			
		Signature of a memb		ill-A/ resentative of a member		
		Nat Smith	1			

Typed or printed name of signee