

3/17/2017

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (614)280-3338
 Fax Number : (954)208-0845

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
NO TRUMP FARM, LLC

Certificate of Status	0
Certified Copy	0
Page Count	08
Estimated Charge	\$25.00

PLEASE HONOR ORIGINAL SUBMISSION DATE OF 3/17/2017

Electronic Filing Menu

Corporate Filing Menu

S Warren**MAR 22 2017**

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: No Trump Farm, LLC

Enter new principal office address, if applicable: N/A

*(Principal office address
MUST BE A STREET ADDRESS)*

Enter new mailing address, if applicable: N/A

*(Mailing address
MAY BE A POST OFFICE BOX)*

2. The Florida document number of this limited liability company is: M14000002446

3. Jurisdiction of its organization: Minnesota

4. Date authorized to do business in Florida: April 10, 2014

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: South Pine Farm, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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

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2017 MAR 17 P 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Louise W. Otten

Signature of the authorized representative

Louise W. Otten

Typed or printed name of signee

Filing Fee: \$25.00

4

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 MAR 17 P 12:42

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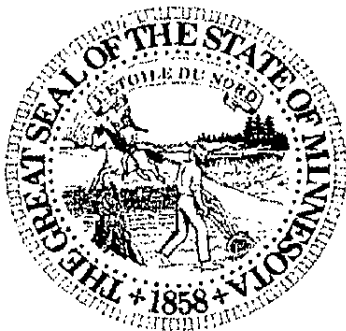
Office of the Minnesota Secretary of State Certification of Record

I, Steve Simon, Secretary of State of Minnesota, do certify that: The filing(s) listed below were filed in the Minnesota computerized/central filing system on the date(s) listed below and that the copies associated with this certification are a true and complete copy of those filings as filed in that system.

Filing(s) filed on:

<u>Filing Date</u>	<u>Filing Type</u>	<u>Filing Number</u>
03/17/2017	Amendment - Limited Liability Company (Domestic)	941140300026

This certificate has been issued on: 03/17/2017



Steve Simon

Steve Simon
Secretary of State
State of Minnesota

ARTICLES OF AMENDMENT

OF

NO TRUMP FARM, LLC

The undersigned, as President and Chief Manager of No Trump Farm, LLC, a Minnesota limited liability company (the "Company"), hereby certifies the following on behalf of the Company, as required by Section 322B.16 of the Minnesota Limited Liability Company Act:

1. The name of the Company is No Trump Farm, LLC.
2. Article 1 of the Articles of Organization of the Company is amended and restated in its entirety to read as follows:

Article 1
Name

The name of this limited liability company is South Pine Farm, LLC.

3. The amendment has been adopted pursuant to Chapter 322B of the Minnesota Statutes.

Dated: March 11, 2017

Louise W. Otten
By: Louise W. Otten
Its: President and Chief Manager

**JOINT WRITTEN ACTION OF THE
SOLE GOVERNOR AND SOLE MEMBER OF
NO TRUMP FARM, LLC**

The undersigned, being the sole member of the Board of Governors (the "**Board**") and the sole member (the "**Member**") of No Trump Farm, LLC, a Minnesota limited liability company (the "**Company**"), hereby takes the following actions pursuant to Sections 322B.656 and 322B.35 of the Minnesota Limited Liability Company Act, effective as of 3/12/17, 2017:

Approval of Name Change

RESOLVED, that the Board and Member hereby approve an amendment to Article 1 of the Articles of Organization of the Company, to read as follows:

**Article 1
Name**

The name of this limited liability company is South Pine Farm, LLC.

FURTHER RESOLVED, that any officer of the Company is hereby authorized and directed to execute and deliver Articles of Amendment and an Amendment to Certificate of Authority to Transact Business in Florida embracing the foregoing resolution to the Minnesota Secretary of State and the Florida Secretary of State, respectively, together with such other instruments, certificates, and documents on behalf of the Company as such officer considers necessary or appropriate in connection with the foregoing resolution.

[Signature Page follows]

IN WITNESS WHEREOF, the undersigned has executed this Written Action to be effective as of the date first written above.

BOARD:

Louise W. Otten
Louise W. Otten

MEMBER:

Louise W. Otten
Louise W. Otten



Work Item 941140300026
Original File Number 1708189-2

STATE OF MINNESOTA
OFFICE OF THE SECRETARY OF STATE
FILED
03/17/2017 11:59 PM

A handwritten signature in black ink that reads "Steve Simon".

Steve Simon
Secretary of State