AMENDED

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005907

1. Entity Name

Mayflower Farms, LLC.

DO NOT WRITE IN THIS SPACE

20016702

2. Principal Place of Business C/O Nicolas Fernandez, P.A. 780 NW Le Jeune Road Suite 324	**3.** Mailing Address SAME Suite, Apt. #, etc.		
City & State Miami, Florida 33126	City & State	**4.** FEI Number NOT APPLICABLE	Applied For / Not Applicable
Zip 331-26 --- Country	Zip Country	**5.** Certificate of Status Desired ☐	$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Esquire Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
780 NW Le Jeune Road, Suite 324

City Miami	FL	Zip Code 33126

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.   DATE

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9.   MANAGING MEMBERS / MANAGERS

TITLE	MGRM	TITLE	
NAME	Edgar Lozano	NAME	
STREET ADDRESS	780 NW Le Jeune Rd., #324	STREET ADDRESS	
CITY-ST-ZIP	Miami, Florida 33126	CITY-ST-ZIP	
TITLE	MGRM	TITLE	
NAME	Ana Bejarano	NAME	
STREET ADDRESS	780 NW Le Jeune Rd., #324	STREET ADDRESS	
CITY-ST-ZIP	Miami, Florida 33126	CITY-ST-ZIP	
TITLE	MGR	TITLE	
NAME	George Barquin	NAME	DO NOT WRITE
STREET ADDRESS	780 NW Le Jeune Rd., #324	STREET ADDRESS	IN THIS SPACE
CITY-ST-ZIP	Miami, Florida 33126	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083B (12/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____   1-9-03   786-437-6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #