## L040000 4 FL4L

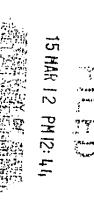
(Re	questor's Name)	
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(Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	





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J. Shippers MAR 3 0 7075

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ACCORD FA	•				
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appear: Liability Company)	s on our records.)			
The Articles of Organization for this Limited Liability Company Florida document numberL04000048646	were filed on	June 28, 20	014	and assi	gned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabi	ility company he	<u>re</u> :			
D'ACCORD SHIRTS & GUA	AYABERAS, L	LC			
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the	designation "LLC" o	or the abbrev	viation "L	.L.C."
Enter new principal offices address, if applicable:	7320 NW 12	2th ST.			
(Principal office address MUST BE A STREET ADDRESS)	Unit 115		7.:		
	MIAMI, FL	33126		5	
Enter new mailing address, if applicable:				MAR I	*****
(Mailing address MAY BE A POST OFFICE BOX)			Caller	2	i .
				, <u>1</u>	Lawrence .
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		our records, <u>e</u>	nter the	name o	of the nev
Name of New Registered Agent:					<del> </del>
New Registered Office Address:	Enter Flor	ida street address	<del></del>		
	Zino. 1 101				
	City	, Floric		ip 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

## **COVER LETTER**

TO: Registration Sect Division of Corpo			
SUBJECT:	ACCORD	FARMS, LLC	
	Name of Lim	ited Liability Company	
	mendment and fee(s) are sub-	_	
	ALLAN DOYLE, CPA	4	
		Name of Person	
	GUARDADO & DOY	ΊΕ	
		Firm/Company	
	175 FONTAINEBLE	AU BLVD. SUITE 1-B	
		Address	<del></del>
	MIAMI, FL 33172		
		City/State and Zip Code	
	GUARDADODOYLE	@ATT.NET to be used for future annual report notific.	
For further information cor	ncerning this matter, please ca	•	auon) .
ALLAN DOYLE		305 221-8774	
Name of I	Person		elephone 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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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effective date mus	other than the date of fit to be specific, cannot be prior to to is filed by the Florida Depar	to date of receipt or filed date and can	(optional) not be more than 90 days after
effective date mus date this documen	t be specific, cannot be prior t	to date of receipt or filed date and can	(optional) not be more than 90 days after
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effective date mus	t be specific, cannot be prior to is filed by the Florida Department March 9	to date of receipt or filed date and can treent of State)	not be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

