# L08000094006

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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2013 DEC 10 PH 12: 00 SECRETARY OF STATE TALLAHASSEE, FLORID

### **COVER LETTER**

TO:

Registration'Section
Division of Corporations

SUBJECT:

Agro Miami, 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:

Name of Person

# **Lumer Property Management**

Firm/Company

## 16300 NE 19 Ave Ste A

Address

# North Miami Beach, FL

City/State and Zip Code

## marinakessler@gmail.com

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

For further information concerning this matter, please call:

## Marina A. Kessler

<sub>305</sub>,321-0061

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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Agro Miami, LLC					
(Name of the Limited 1. (A F	iability Company	as it now appear	s on our records.)		
The Articles of Organization for this Limited Lial Florida document number L08000094006			:	SETANDED I	id 77
This amendment is submitted to amend the follow	· ·			10 PHIZ: 01	LED.
A. If amending name, enter the new name of t	he limited liabili	ity company her	<u>e</u> :	98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 98.00 90 90 90 90 90 90 90 90 90 90 90 90 9	
The new name must be distinguishable and end with "L.L.C."	the words "Limite	d Liability Compa	ny," the designation "L	.LC" or the abbre	 eviation
Enter new principal offices address, if applical	ble:		· ·		
(Principal office address MUST BE A STREET	'ADDRESS)				
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B	<u>0X)</u>	16300 NE 1	Property Manag 9th Ave Ste A	gement	
		North Miam	i Beach, FL		
B. If amending the registered agent and/or registered agent and/or the new registered offi	registered office address here:	ce address on o	our records, <u>enter t</u>	he name of th	ie new
Name of New Registered Agent:	Lumer Prop	erty Manage	ement		
New Registered Office Address:	16300 NE 1	19th Ave Ste			
		En	ter Florida street add	ress	
	North Miam	i Beach	, Florida <u>3</u> 3	3162	
		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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGR	Howlin, Alejandro F	3300 NE 191 Street unit 181	17
		Aventura, FL 33180	Remove
MGR	Barrere, Laura M	3300 NE 191 Street unit 181	17
		Aventura, FL 33180	Remove
MGR	Marina A. Kessler	16300 NE 19th Ave Ste	A Add
		North Miami Beach, FL 3316	Remove
			Add
			Remove
		7	SECTE Add
			Remove Constitution of the
			Remove

	ending any.other information, enter change(s) here: (Attach additional sheets, if necessary.)
ted	December 6, 2013.
	Signature of a member or authorized representative of a member
	TVDQUA KESSLER  Typed or printed name of signce

Page 3 of 3

Filing Fee: \$25.00

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SECKE TARY OF STATE
TALLAHASSEF. FLORIDA