

LN400112309

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 : CORP USA
Account Number : 072450003255
Phone : (305)634-3694
fax Number : (786)409-5946

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
207TH AVENUE HOMESTEAD, LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 05 |
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JUL 28 2014

J. BRUCE

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 207TH AVENUE HOMESTEAD, 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:

KIRSTEN EYLERTS

Name of Person

207TH AVENUE HOMESTEAD, LLC

Firm/Company

1205 SW 37TH AVENUE, 3RD FLOOR

Address

MIAMI, FL 33135

City/State and Zip Code

KIRSTEN@MATUSALEM.COM

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

For further information concerning this matter, please call:

KIRSTEN EYLERTS

Name of Person

at 305 448-8255

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

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

207TH AVENUE HOMESTEAD, LLC

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

The Articles of Organization for this Limited Liability Company were filed on JULY 16, 2014 and assigned
Florida document number L14000112309

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office 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 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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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|------------------------------|---------------------|--|
| MGR | SHADOW GRASS AGRICULTURE LLC | 1205 SW 37TH AVENUE | <input type="checkbox"/> Add |
| | | 3RD FLOOR | <input checked="" type="checkbox"/> Remove |
| | | MIAMI, FL 33135 | |
| MGR | CLAUDIO R. ALVAREZ | 1205 SW 37TH AVENUE | <input checked="" type="checkbox"/> Add |
| | | 3RD FLOOR | <input type="checkbox"/> Remove |
| | | MIAMI, FL 33135 | |
| MGR | NICOLAS R. ALVAREZ | 1205 SW 37TH AVENUE | <input checked="" type="checkbox"/> Add |
| | | 3RD FLOOR | <input type="checkbox"/> Remove |
| | | MIAMI, FL 33135 | |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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| | | | <input type="checkbox"/> Remove |
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| | | | <input type="checkbox"/> Remove |

DEPARTMENT OF STATE
 INTERNATIONAL SECRETARIAT
 3100 WASHINGTON AVENUE
 SUITE 3000
 MIAMI, FL 33133

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Four horizontal lines for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated JULY 25 2014

Signature of a member or authorized representative of a member

CLAUDIO R. ALVAREZ

Typed or printed name of signer

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Filing Fee: \$25.00

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