

L12000015496

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

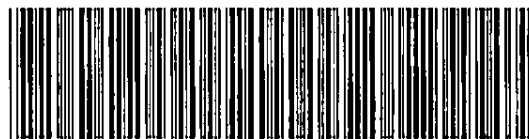
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 4, 2018

JAY MEYERS, ESQ
1 TOWN CENTER SUITE 500
BOCA RATON, FL 33486

SUBJECT: ALPHA OMEGA FAMILY FARMS, LLC
Ref. Number: L18000015498

*See
Collections
attached*

We have received your document for ALPHA OMEGA FAMILY FARMS, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FL CORP, but your entity is a FL LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 718A00009304



RECEIVED
2018 MAY 22 AM 10:10
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE

2018 MAY 22 AM 10:10
RECEIVED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alpha Omega Family Farms, 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:

Jay Meyers, Esq.
Name of Person

Meyers Donomo
Firm/Company

500 1 Town Center Ste. 500
Address

Boca Raton, FL 33486
City/State and Zip Code

jay.mblaw@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jay Meyers at (561) 886-8165
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)

* N/A already sent ✓

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

REC'D MAY 22 2 11 PM '07

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Alpha Omega Family Farms, 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 1/17/2018 and assigned Florida document number L18000015498.

This amendment is submitted to amend the following:

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

Alpha Family Farms, L.L.C

The new name must be distinguishable and contain 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)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

N/A

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
DM	Christian Spataro	198 Palm Bch Abnktion Blvd	<input type="checkbox"/> Add
		Royal Palm Beach, FL 33411	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
DM	Amenda Camacho	198 Palm Beach Abnktion Blvd	<input type="checkbox"/> Add
		Royal Palm Beach, FL 33411	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 5/15/18

2018

Handwritten signature of Christian Spafno

Signature of a member or authorized representative of a member

Christian Spafno
Typed or printed name of signer