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To:

Division of Corporations

fax Number

; (850)617-6383

From:

Account Name : COHEN, NORRIS, WOLMER, RAY, TELEPMAN & COHEN

Account Number : I20020000140 Phone : (561)844-3600 Fax Number : (561)842-4104

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: LR & Cohen Norris. com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

EF VEGETATION & NURSERY, LLC

Certificate of Status	
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TO: Registration Section **Division of Corporations**

SUBJECT:	EF VEGETA	ATION & NURSERY, LLC			
JUBBET.		Name of Limit	ted Liability Company		
The enclose	d Articles of A	Amendment and fec(s) are subr	nitted for filing.		
Please return	n all correspon	ndence concerning this matter t	to the following:		
		peter r. ray, esq.			
			Name of Person		
		Cohen Norris Wolmer Ray	Telepman Berkowitz Cohen		
Firm/Company 712 U.S. Highway One, Suite 400					
		Address			
		North Palm Beach, FL 334	08		
			City/State and Zip Code		
		LR@COHENNORRIS.COM E-mail address: (to be used for future annual report notification)			
For further	information c	oncerning this matter, please ca		notification,	
Karin Drak			561 844-3600		
	Name o	f Person	Area Code Da	rime Telephone Number	
Enclosed is	a check for th	ne 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION OF

EF VEGETATION & NURSERY, LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company velocida document number	were filed on <u>8/10/2020</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ry Company," the designation "LLC" or the abbrev	
Enter new principal offices address, if applicable:		2020
Principal office address MUST BE A STREET ADDRESS)		
		80
Enter new mailing address, if applicable:	\$ -\ \$ 0 0 6 0 6 0 7 0	n m
(Mailing address MAY BE A POST OFFICE BOX)	-11 T.4) 2: 29
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name o	f the new regist
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 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.

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or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	HOPE FORTE	7920 N. MILITARY TRAIL	□Add
		WEST PALM BEACH, FL 33410	
			Change
MBR	ANIBAL ESPINOSA	7920 N. MILITARY TRAIL	□ Add
		WEST PALM BEACH, FL 33410	Remove
			72 Change
AMBR	ROBERTO FORTE	7920 N. MILITARY TRAIL	28 7
• • • • • • • • • • • • • • • • • • • •			Remove
			☐ Change
MBR	ROBERTO N. FORTE REV TRUST U/A/D 9-28-2005	7920 N. MILITARY TRAIL	
		WEST PALM BEACH, FL 33410	□Remove
			□Change
MBR	SEMPRE FORTE INC.	114 ANCHORAGE DR S	\(\exists \) Add
		NORTH PALM BEACH, FL 33408	□Remove
			□Change
			□Add
			□ Remove
			□ Change

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Effective date, if other than the date of filin (If an effective date is listed, the date must be specific and	d cannot be provide (0.4318 Of 1	(option:	ng.) Pursuant to 605.020
Note: If the date inserted in this block does not a document's effective date on the Department of S	ment the applicable statu	ory filing requirements, this de	ite will not be listed a
document's effective date on the Department of	State 3 records.		
ne record specifies a delayed effective date, but no ord is filed.	t an effective time, at 12	01 a.m. on the carlier of: (b)	The 90th day after th
Dated OCTOBER 28	2020		
Dated	,		
×/ 11 1 A	12		

Filing Fee: \$25.00

Typed or printed name of signee