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## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 10, 2025

PATRICIA F TRUJILLO 5511 74TH PL E ELLENTON, FL 34222

SUBJECT: AGROTERRA LLC Ref. Number: L22000390110

We have received your document for AGROTERRA LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 725A00005084



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February 7, 2025

PATRICA F TRUJILLO 5511 74TH PL E ELLENTONE, FL 34222

SUBJECT: AGROTERRA LLC Ref. Number: L22000390110

We have received your document for AGROTERRA LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

YOU DID NOT INCLUDE THE NAME YOUR ENTITY AND DOCUMENT NUMBER ON YOUR AMENDMENT.

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) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 325A00002680

Pecer Si March Si

## ${\color{blue} \mathbf{COVER}} \; {\color{blue} \mathbf{LETTER}} \;$

TO: Registration Se Division of Cor				
SUBJECT:	AGROTERRA	LLC		
SUBJECT:	AGNOTERRA Name of Lim	ited Liability Company	····	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following;		
	PATRICI	A F Truji UU		
		Name of Person		787
	AGROTE	Firm/Company		ALL SELLAR STATE
	+	Firm/Company		12 to 2 to 2 to 3 to 3 to 3 to 3 to 3 to
	5511747	HPLE		- 第三 7 - 75 -
		HPLE Address		— — — — <b>©</b> — — — — — — — — — — — — — — — — — — —
	ELLENTON	City/State and Zip Code	J	10 P
		City/State and Zip Code		
	ORDERSE	AGNOTERRAUS to be used for future annual report notif	A. COM	
	E-mail address: (	to be used for future annual report notif	ication)	
For further information c	oncerning this matter, please co	all:	,	
PATRICIA	F TWILL	at (941) 539 Area Code Daytime	0405	
Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed is a check for th	ne following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing F Certificate of \$	Status &
		(additional copy is enclosed)	Certified Copy tadditional copy is	
Mailing Addres		Street Address:	tion	
Registration S Division of C		Registration Sec Division of Corp		
P.O. Box 632	-	The Centre of T		
Tallahassee, I	FL 32314	2415 N. Monroc	Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		y as it now appears on our records.) ability Company)	2025 APR
The Articles of Organization for this Limited Liab	oility Company w 390 110	vere filed on $9/6/2025$	and assigned P
This amendment is submitted to amend the follow	ring:		*0
A. If amending name, enter the new name of t			
The new name must be distinguishable and contain the wor	ds "Limited Liability		
Enter new principal offices address, if applicab	ole:	SSII 74 TH PL E ELLENTON FL	<u> </u>
(Principal office address MUST BE A STREET	<u>ADDRESS)</u>	ELLENTON FL	34222
Enter new mailing address, if applicable:		SSII 74TH PL	=
(Mailing address MAY BE A POST OFFICE B	<u>2X)</u>	ELLENTON FL	34222
B. If amending the registered agent and/or reg agent and/or the new registered office address	here:		
Name of New Registered Agent:	PATRI	174 TH PLE	
New Registered Office Address:	55 11	Finer Florida street address	
	Ellen	Florida, Florida	34222
		' 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 **Title** Name | Address **Type of Action** ISAGEL D ROMAN 289 PALMARIACT DANG AMB! NOKOMIS FL 34275 Kemove □Change

\_\_\_\_\_ □Add

\_\_\_\_\_ □Remove

\_\_\_\_\_ Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	1
	1
	<u> </u>
f an effect <b>Note:</b> If	e date, if other than the date of filing: 3/29/2025 (optional) ive 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 605.02 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at it's effective date on the Department of State's records.
record s d is filed	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
Dated	Signature of a member of authorized representative of a member  PATRICIA F TWILLO  The strength of the strengt
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00