

L68000115120

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

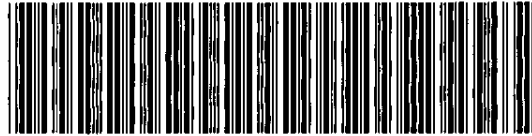
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200208420172

06/13/11--01006--023 **25.00

NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

2011 JUN 13 AM 10:55

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

11 JUN 13 PM 2:42

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

LAZARUS

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUN 13 PM 2:43

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. THEAS FARM, L.L.C.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time

2.00

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

AMENDMENTS

- ☒ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUN 13 PM 2:43

THEBAS FARM, L.L.C.
(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 12/17/08 and assigned Florida document number L098000115120.

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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Jose A Alessandrini	12401 SW 51 St, Miami	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Jose A Alessandrini	12401 SW 51 St, Miami, Fl.	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Alex A Alessandrini	12401 SW 51 St, Miami, Fl.	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Alex A Alessandrini	12401 SW 51 St, Miami, Fl.	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Celia Alessandrini	12401 SW 51 St, Miami, Fl.	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Celia Alessandrini	12401 SW 51 St, Miami, Fl.	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated June 7, 2011

Signature of a member or authorized representative of a member

Jose A Alessandrini

Typed or printed name of signer