

LIB000 228518

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

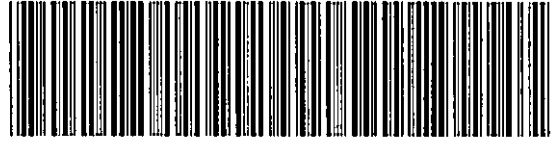
(Business Entity Name)

(Document Number)

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2019 JAN -2 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 12 2019

C. McNAIR

2019 JAN -2 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: 20450 FARM LLC
Name of Limited Liability Company

Please return all correspondence concerning this matter to the following:

Name of Person

Firm/Company	
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Address

City/State and Zip Code

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

For further information concerning this matter, please call:

ELIAS MEJIA 305 219-6433

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)

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

20450 FARM LLC

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

2018 JAN -2 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 09/26/2018 and assigned
Florida document number L18000228518.

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 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)

7820 SW 181 TER

PALMETTO BAY, FL 33157

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7820 SW 181 TER

PALMETTO BAY, FL 33157

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:

ELIAS MEJIA

New Registered Office Address:

7820 SW 181 TER

Enter Florida street address

PALMETTO BAY

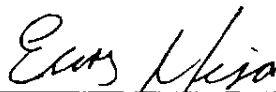
City

, Florida 33157

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>
MGR	ELIAS MEJIA	7820 SW 181 TER	<input checked="" type="checkbox"/> Add
		PALMETTO BAY, FL 33157	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	NORMA LETICA VEGA	7820 SW 181 TER	<input checked="" type="checkbox"/> Add
		PALMETTO BAY, FL 33157	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DYNASTY PROPERITES LLC	1314 E LAS OLAS BLVD #1210	<input type="checkbox"/> Add
		FT LAUDERDALE, FL 33301	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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E. Effective date, if other than the date of filing: _____ (optional)

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.

Dated 12/27/2018, _____.

Signature of a member or authorized representative of a member

Typed or printed name of signee