

L04000049799 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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2013 DEC 12 PM 4:33
FALL ARIZONA COUNTY

B. BOSTICK
DEC 13 2013
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CULTIVATED 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:

MELISSA B VILLAMIZAR

Name of Person

CULTIVATED LLC

Firm/Company

601 NE 57TH ST

Address

Miami Florida 33137

City/State and Zip Code

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

For further information concerning this matter, please call:

MELISSA B VILLAMIZAR at **305 281 1400**

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2019 DEC 12 PM 4:36
FILING SECTION

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

CULTIVATED 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 07/02/2004 and assigned
Florida document number L04000049799.

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)

MELISSA B VILLAMIZAR

601 NE 57TH STREET

Miami Florida 33137

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

601 NE 57th Street

Miami Florida 33137

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:

Melissa B Villamizar

New Registered Office Address:

601 NE 57th Street

Enter Florida street address

Miami

Florida 33137

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

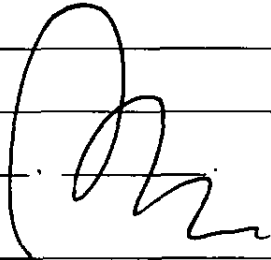
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	MELISSA B VILLAMIZAR	601 NE 57th Street	<input checked="" type="checkbox"/> Add
		MIAMI FLORIDA 33137	<input type="checkbox"/> Remove
MGR	JOAN G KELLEY	17257 ALLAMANDA DR	<input type="checkbox"/> Add
		SUGARLOAF KEY, FL 33042	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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ALLAMASTA

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

Dated _____



Signature of a member or authorized representative of a member

MELISSA B VILLAMIZAR

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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VILLAMIZAR, MELISSA B