

LO5000071829

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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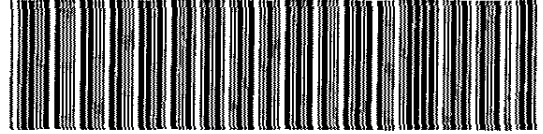
(Business Entity Name)

(Document Number)

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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** EVERGREENS FARM 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:

Sinell M. Sambour, Registered Agent

(Name of Person)

(Firm/Company)

21255 SW 312th ST

(Address)

Homestead FL 33030

(City/State and Zip Code)

For further information concerning this matter, please call:

Sinell M Sambour

(Name of Person)

at ( 305 ) 246-2003

(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 &  
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(additional copy is enclosed)

☒ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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

EVERGREENS FARM LLC

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on JULY 21, 2005 and assigned document number L05000071829.

**SECOND:** The following amendment(s) to the Articles of Organization was/were adopted by the limited liability company:

ARTICLE VI: In addition to current Manager, please add three (3) more members whose names and addresses are as follows:

- 1- Sorith Yin, Member  
129 Valletti St  
Cranston RI 02920
- 2- Sorath Yin, Member  
111 Elsie St  
Cranston RI 02910
- 3- Sophalla Yin, Member  
85 Salem St  
Cranston RI 02920

Dated July 29, 2005.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Sinell Sambour, RA

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**

FILED  
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TALLAHASSEE, FLORIDA