

LD5000083083

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

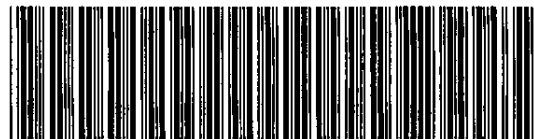
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

OWES \$832.50  
on reinstatement

Office Use Only



000291824580

11/01/16--01028--012 \*\*298.75

FILED

2016 DEC -5 P 4:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S Warren

DEC 06 2016



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 2, 2016

JUAN PINA  
MARIA'S FARM, LLC  
2074 BOREALIS WAY  
WESTON, FL 33327

SUBJECT: MARIA'S FARM LLC  
Ref. Number: L05000083083

We have received your document for MARIA'S FARM LLC and your check(s) totaling \$298.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$832.50.

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2010 through 2016; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$1071.25.

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) 245-6051.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 016A00023624



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 2, 2016

JUAN PINA  
MARIA'S FARM, LLC  
2074 BOREALIS WAY  
WESTON, FL 33327

SUBJECT: MARIA'S FARM LLC  
Ref. Number: L05000083083

We have received your document for MARIA'S FARM LLC and your check(s) totaling \$298.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unable to file name change until the balance due on reinstatement is received

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) 245-6051.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 816A00023624

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MARIA'S FARM AND RACING 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:

JUAN PINA

Name of Person

MARIA'S FARM AND RACING LLC

Firm/Company

2074 BOREALIS WAY

Address

WESTON, FL 33327

City/State and Zip Code

jmpina@aol.com

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

For further information concerning this matter, please call:

JUAN PINA

Name of Person

at 954 2608923

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)

### 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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

MARIA'S FARM LLC

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

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2018 DEC - 5 PM 4:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_

Florida document number LD5000083083

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MARIA'S FARM AND RACING LLC

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)

JUAN PINA

2074 BOREALIS WAY  
WESTON, FL 33327

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2074 BOREALIS WAY  
WESTON, FL 33327

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:

JUAN PINA

New Registered Office Address:

2074 BOREALIS WAY

Enter Florida street address

WESTON

, Florida

33327

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	ROXANA CARTAYA	1070 TUPALO WAY WESTON, FL 33326	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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2016 DEC - 5 P 4:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED

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

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective 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 605.0207 (3)(b)

**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.

If the record 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 record is filed.

**Dated**

$$10 \mid 24 \mid 16$$

Signature of a member or authorized representative of a member

JUAN PINA

Typed or printed name of signee

FILED  
2016 DEC -5 PM 4:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA