

L07000115478

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

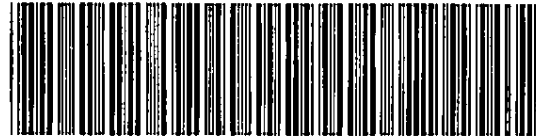
(Document Number)

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[Signature]



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22 AUG 31 PM 1:57
OFFICE OF THE
CLERK OF SUPERIOR COURT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Battista Farms, 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:

Alan J. Schwartz

Name of Person

Jacob & Weingarten

Firm/Company

25800 Northwestern Hwy., Ste. 500

Address

Southfield, MI 48075

City/State and Zip Code

alan@jacobweingarten.com

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

For further information concerning this matter, please call:

Alan J. Schwartz

at (248)

649-1900

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)

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

22 AUG 31 PM 1:57

OFFICE OF THE CLERK
DIVISION OF CORPORATIONS

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

Battista Farms, 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 November 15, 2007 and assigned
Florida document number 1.07000115478.

This amendment is submitted to amend the following:

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

CB Family Ventures, 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:

15396 Briar Ridge Circle

(Principal office address MUST BE A STREET ADDRESS)

Fort Myers, FL 33912

Enter new mailing address, if applicable:

15396 Briar Ridge Circle

(Mailing address MAY BE A POST OFFICE BOX)

Fort Myers, FL 33912

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:

15396 Briar Ridge Circle

Enter Florida street address

Fort Myers

Florida

33912

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>
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22 AUG 31 PM 12:57
DIVISION OF RECREATION
CITY OF CHICAGO

[illegible]

22 AUG 81 PM 1:57

THE NATIONAL ARCHIVES

Division of Correspondence

(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)

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 August 18, 2022

Santa Valera

Signature of a member or authorized representative of a member

Loreta Valone, Successor Trust of Cora Battista Trust u/a/d 5-22-1996, as amended and restated, sole member

Typed or printed name of signee

Filing Fee: \$25.00