

LC90000 84553

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

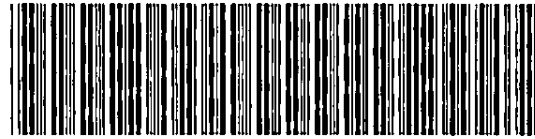
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MOREJON 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:

FELIX M. CACERES II, ESQ.

Name of Person

FELIX M. CACERES II, P.A.

Firm/Company

1035 SW 87 AVENUE, MIAMI, FLORIDA 33174

Address

MIAMI, FLORIDA 33174

City/State and Zip Code

FELIX@CACERESLAW.COM

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

For further information concerning this matter, please call:

FELIX M. CACERES II, ESQ.

305

975-8501

at (_____) _____

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
2010 DEC 11 P 11:40
TALLAHASSEE, FLORIDA
SIX MONTHS

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

MOREJON 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 09/01/2009 and assigned
Florida document number L09000084553.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Enter Florida street address

Florida

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>
MGRM	CARLOS C. MOREJON	20550 SW 280TH STREET	<input type="checkbox"/> Add
		HOMESTEAD, FLORIDA 33031	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CARLOS M. MOREJON	20550 SW 280TH STREET	<input type="checkbox"/> Add
		HOMESTEAD, FLORIDA 33031	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

2010 DEC 17 PM 4:40
TALLAHASSEE, FLORIDA
CITY OF TALLAHASSEE
OFFICE OF THE CITY CLERK

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

2018 DEC 11
MAIL ROOM

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 DECEMBER 10 2018

Signature of a member or authorized representative of a member

CARLOS M. MOREJON

Typed or printed name of signee