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•	XX	РНОТОСОРУ				
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	XX	FILING	LLC	AMEND		
1.		R. PONTANO PRODUCE				
2.		(CORPORATE NAME AND DOCUME			Tile	Second
3.		(CORPORATE NAME AND DOCUME				
4.		(CORPORATE NAME AND DOCUME	NT #)			
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COVER LETTER

Division of Corporations		
R. PONTANO PRODUCE, LLC SUBJECT:		
	of Limited Liability Con	npany
Dear Sir or Madam:		
The enclosed Statement of Authority and fee(s)	are submitted for filing	
Please return all correspondence concerning this	s matter to the following	ą:
ELIZABETH M. FERNANDEZ, ESQ.		
Name of Person		•
GONZALEZ, SHENKMAN & BUCKSTEIN,	P.L.	
Firm/Company		
110 PROFESSIONAL WAY		
Address		
WELLINGTON, PL 33414		
City/State and Zip Code	 .	
RPONTANOPRODUCE@COMCAST.NET		
E-mail address: (to be used for future a	innual report notification	1)
For further information concerning this matter, p	olense call:	
ELIZABETH M. FERNANDEZ, ESQ.	561 at (227-1575
Name of Person	Area Code	Daytime Telephone Number
Mailing Address:		Street Address:
Registration Section		Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

F/LED 2023 AUG 28 AM 10: 30

R. PONTANO PRODUCE, LLC

(Name of the Limited Liabi (A Florid	lity Company as it now appears on our record da Limited Liability Company)	EALLAHASSEE. FLORIDA
The Articles of Organization for this Limited Liability		
Florida document number L10000100006	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
R. PONTANO FARMS, LLC		
The new name must be distinguishable and contain the words "Lin	mited 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 ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	ed office address on our records, <u>enter</u>	the name of the new registered
New Registered Office Address:	Enter Florida street addres.	<u> </u>
	, Fle	orida
New Registered Agent's Signature, if changing Registere	•	np con
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered a being filed to merely reflect a change in the registere company has been notified in writing of this change.	and agree to act in this capacity. I fur complete performance of my duties, an igent as provided for in Chapter 605, I ed office address, I hereby confirm tha	nd I am familiar with and F.S. Or, if this document is
	If Changing Registered Agent, Signature of	f 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>	Address	Type of Action
			□Remove
			Change
			\ _Add
			□Remove
			☐ Change
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ffective date, if other than the an effective date is listed, the date motor. If the date inserted in this ocument's effective date on the	sust be specific and cannot be prior to date block does not meet the applicable sta	of filing or more than 90 days afte	onal) r filing.) Pursuant to 605.0207 is date will not be listed as t
	ive date, but not an affective time of	12:01 a.m. on the earlier of: (b	b) The 90th day after the
record specifies a delayed effect Lis filed.	re date, our not an enective time, at		
August 25	2023		
record specifies a delayed effect d is filed. August 25			

Filing Fee: \$25.00