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(Re	equestor's Name)	
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SEP 25 2015 S. YOUNG

COVER LETTER

TO:	Registration Sec Division of Corp	ction porations			
SUBJEC	Meshbesher	Farms			
SUBJEC		Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub			
		Avie Meshbesher Croce			
			Name of Person		
		Meshbesher Farms, LLC		Zu d	
		_	Firm/Company	S T	
	1301 Beville Road, Suite 8				
	Address				
		Daytona Beach, FL 32119		HOS S	
		crocelaw@cfl.rr.com	City/State and Zip Code	SEP 24 PM 5: 02	
		_	to be used for future annual report notifi	cation)	
For furthe	er information co	oncerning this matter, please ca	all:		
Avie Me	shbesher Croce		386 304-2821		
	Name of	Person	at () Area Code Daytime	Telephone Number	
Enclosed	is a check for th	e following amount:			
\$25.0	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

Meshbesher Farms	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) apany)
The Articles of Organization for this Limited Liability Company were filed Florida document number <u>L10000132025</u>	on 12/28/2010 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	any here:
The new name must be distinguishable and contain the words "Limited Liability Company	"The decimention "I.I.C" or the abbreviation "I.I.C"
	رسي تيم
Enter new principal offices address, if applicable:	SE T
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
	E S
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	>
B. If amending the registered agent and/or registered office addresses	ess on our records, enter the name of the
registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	nter Florida street address
	. Florida
City	Zin Cuda

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>	Address	Type of Action
AMBR	Oludotun A. Shenbanjo	1301 Beville Road, Suite 8	■ Add
		Daytona Beach, FL 32119	Remove
			Change
			Add
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		****	Add
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effective date is listed	d, the date must be spec	eific and cannot	be prior to date	of filing or more	han 90 days af	er filing.) I	ursuant	to 605.02
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Filing Fee: \$25.00