

L11000013311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

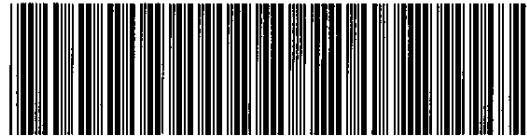
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600212213736

11/04/11--01011--003 **30.00

FILED
11 NOV -4 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan NOV - 7 2011

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: G.S. 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:

GEORGE SUAREZ

Name of Person

G.S. FARMS LLC

Firm/Company

1587 NW 9th AVENUE

Address

HOMESTEAD, FL 33030

City/State and Zip Code

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

For further information concerning this matter, please call:

GEORGE SUAREZ

Name of Person

at (**305**) **248-6879**
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
11 NOV -4 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
(our records.)

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

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

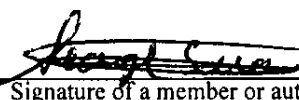
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	GEORGE D. SUAREZ	32790 SW 197 AVENUE HOMESTEAD, FL 33030	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

FILED
 11 NOV -4 PM 1:25
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated OCTOBER 28, 2011.



11-1-11

Signature of a member or authorized representative of a member

GEORGE SUAREZ

Typed or printed name of signee