<u>L1100013311</u>

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SECRETARY OF STATE

COVER LETTER

TO: Registration Division of C					
SUBJECT:	G.S.	FARMS LLC			
SOBJECT.		ted Liability Company			
	of Amendment and fee(s) are sul				
Please return all corres	pondence concerning this matter	to the following:			
		GEORGE SUAREZ			
G.S. FARMS LLC					
Firm/Company					
1587 NW 9th AVENUE					
Address					
HOMESTEAD, FL					
City/State and Zip Code					
For further information	concerning this matter, please of	call:			
GE	ORGE SUAREZ	at (_305)	248-687	79	
Name of Person		Area Code & D	aytime Telephone	e 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 end	closed)	50.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
MAILING ADDRESS:		STREET/CO	DURIER ADDI	RESS:	

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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SECRETARY OF STATE
ALLAHASSEE FLORIDA

G.S. 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 Li	iability Company were filed on	02/01/2011	and assigned	
Florida document numberL11000013	3311			
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liability company he	<u>re</u> :		
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability Comp	any," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE)	<u></u>			
B. If amending the registered agent and/or the new registered of		our records, enter t	he name of the new	
Name of New Registered Agent:				
New Registered Office Address:	- P	El de de de de	·	
	E)	Enter Florida street address		
	City	, Florida	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 608, 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 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 **Address** Type of Action <u>Title</u> <u>Name</u> GEORGE D. SUAREZ MGRM 32790 SW 197 AVENUE **✓** Add Remove HOMESTEAD, FL 33030 ☐ Remove □ Add Remove ∏Add Remove Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

GEORGE SUAREZ
Typed or printed name of signee

Signature of a member or authorized representative of a member

2011

tog Suc

OCTOBER 28

Dated ___

Page 2 of 2

Filing Fee: \$25.00