

L11000130639

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2022 AUG 17 AM 9:20

J DENNIS

NOV 03 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 879 AQUARINA, 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:

HAL LUCAS

Name of Person

392 FARMS HOLDINGS, LLC

Firm/Company

21400 SW 392 STREET

Address

HOMESTEAD, FLORIDA 33034

City/State and Zip Code

HAL@SOUTHTIP.COM

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

For further information concerning this matter, please call:

HAL LUCAS

305 767-1450

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 Address:

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**

879 AQUARINA, 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 NOVEMBER 16, 2011 and assigned
Florida document number L11000130639.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

392 FARMS, LLC

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:

21400 SW 392 STREET

(Principal office address MUST BE A STREET ADDRESS)

HOMESTEAD, FLORIDA 33034

Enter new mailing address, if applicable:

21400 SW 392 STREET

(Mailing address MAY BE A POST OFFICE BOX)

HOMESTEAD, FLORIDA 33034

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:

392 FARMS HOLDINGS, LLC

New Registered Office Address:

21400 SW 392 STREET

Enter Florida street address

HOMESTEAD


City

Florida 33034

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>
AMBR	392 FARMS HOLDINGS, LLC	21400 SW 392 STREET	<input checked="" type="checkbox"/> Add
		HOMESTEAD, FLORIDA 33034	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	KEITH ST. GERMAIN	16990 SW 266 TERRACE	<input type="checkbox"/> Add
		HOMESTEAD, FLORIDA 33031	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	LISA ST. GERMAIN	16990 SW 266 TERRACE	<input type="checkbox"/> Add
		HOMESTEAD, FLORIDA 33031	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

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.

Dated AUGUST 11, 2022

Wm. M. Lewis

Signature of a member or authorized representative of a member

HAL M. LUCAS

Typed or printed name of signee