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COVER LETTER

TO: Re	gistration Section vision of Corporati	ons .	<i>3</i>	, (8)	N. Carlotte	
SUBJECT:	M = M	Name of Limite	Aarms ed Liability Company			
The enclose	d Articles of Amend	dment and fee(s) are subn	nitted for filing.			
Please return	n all correspondence	e concerning this matter to	o the following:			
		Gris	Name of Person	havez		
	<u></u>	WtC	Berry 7 Firm/Company	jarms LC	<u>C</u>	
		15630	Sydney Address	Rd	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		Dover	City/State and Zip Coo	3527		
		E-mail address: (to	be used for future annu	al report notification	n)	
For further i	nformation concern	ing this matter, please cal	11:			
Gris	Name of Person	NeZ	at (<u>815)</u> Area C	478 18 ode & Daytime Tele	phone Number	
Enclosed is	a check for the follo	owing amount:				
5 25.00 F	iling Fee 🔼 🔾 🤇	30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fe Certified Copy (additional cop		□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is encl	losed)

MAILING ADDRESS: 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

M+ G Berry	Farms LC
(Name of the Limited Liability C (A Florida Lii	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	<u> </u>
	SS
Enter new mailing address, if applicable:	me me
(Mailing address MAY BE A POST OFFICE BOX)	T. 2 0
B. If amending the registered agent and/or registered agent and/or the new registered office addre	red office address on our records, <u>enter the name of the new</u> ess here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

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 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>Name</u> Decretary izet Maria Chavez 15/030 Sydney Rd Dover 71 33527 Add Remove Wdd Remove Add Remove Remove Add Remove

	·		_	
			_	
11-13-13				
	Signature of a member or authorized representative of a member			_
	Typed or printed name of signee			_
	Page 3 of 3			•
	Filing Fee: \$25.00	SELABIARY CO	13 NOV 18	FILED
		STATE FLORIDA	10 :4 Hd	O

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