Division of Corporations vision of Corporations Electronic Filing Cover Sheet

Page I of 2

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000210155 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Comporations

Fax Number : (850) 617-6383

From:

Account Name : RICHARDS & ASSOCIATES, PA.

Account Number : I20110000091 : (305)858-9900 Phone

Eas Sumber : (305) 285-0015

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FARM SOLUTIONS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Cha <b>rge</b>	S25.00

AUG 25 2016

S. YOUNG

Electronic Filing Menu Corporate Filing Menu

Help

	COVER LETTER		
TO: Registratio Division of	n Section Corporations		
SUBJECT:	FARM SOLUTIONS LLC		
30BJEC1.	Name of Limited Liability Company		
The enclosed Article	s of Amendment and fee(s) are submitted for filing.		
Please return all corr	espondence concerning this matter to the following:		
	ELENA DIAZ		
	Name of Person		
RICHARDS & ASSOCIATES, P.A.			
	Firm/Company	a-mails	٦̈
2665 SOUTH BAYSHORE DRIVE, SUITE 703,		<u>ි</u>	
Address		AUG 21,	HAS
	MIAMI, FLORIDA, 33133		- 1927 - 1915 - 1915
City/State and Zip Code		P	
	edia2@richards-law.com	6	
	E-mail address: (to be used for future annual report notification)	58	57
For further informati	on concerning this matter, please call:		
ELENA DIAZ	305 8589900 at ( )		
Na	me of Person Area Code Daytime Telephone Number		
Enclosed is a check f	For the following amount:		

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

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

□ \$30.00 Filing Fee &

Certificate of Status

■ \$25.00 Filing Fee

STREET/COURTER ADDRESS:

□ \$60.00 Filing Fee,

Certified Copy (additional copy is enclosed)

Certificate of Status &

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

# TO ARTICLES OF ORGANIZATION OF

	ARM SOLUTIONS LLC	
(Name of the Limited Linb (A Flori	ility Company as it new appears on our record da Limited Liability Company)	<u>5.</u> )
The Articles of Organization for this Limited Liability	Company were filed on 01/27/2012	and assigned
Florida document numberL12000013304	<del></del> ·	
This amendment is submitted to amend the following:	·	
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "!	imited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u></u>
(Principal office address MUST BE A STREET ADI	ORESS)	5 ACE
		<b>2</b> ≥ 26
		7A.75.7 24
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
THAIRING UNIVESS WAT DEATOST OFFICE BOX		<del>2</del> 88
		<del>6</del> 5
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	<sup>*</sup>	s, enter the name of the nev
Name of New Registered Agent:		·
New Registered Office Address:		
	Enter Florida strvet addres	TS .
		orida
	Chy	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

### ASERJET FAX 3052850015

Aug 24 2016 9:33AM HP LASERJET FAX or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	ATENCIO, RAFAEL E	8725 NW 18TH TER	
		STE 308. DORAL, FL 33172	■ Remove
			□ Change
MGR	ATENCIO, RAFAEL	8725 NW 18TH TER	<u></u> ≌ Add
		STE 308, DORAL, FL 33172	□ Remove
			AUG Charles
MGRM	RIERA ORTEGA, BERNARDO	8725 HW 18TH TER	
		STE 303 DORAL, FL 33172	9: Rentalve
			☐ Change
MGR	RIERA ORTEGA, BERNARDO	8725 NW 18TH TER	■ Add
		STE 308 DORAL, FL 33172	Remove
	·		Change
	•		□ Add
			□ Remove
			□ Change
			□ Add
			Remove
			Change

	MAEE:8 31	HP LASERJET	Fnx	3052850015	
					· · · · · · · · · · · · · · · · · · ·
		والمساورات والمساورة			
		· · · · · · · · · · · · · · · · · · ·			<del></del>
					<del>,</del>
	·				
					·
					<del></del>
			<u>.</u>		<del>_</del>
					24 /
			······································		AM 9:
Tective date, if on effective date is lote: If the date in	other than the disted, the date must to	ate of filing:	rior to date of fili <b>ng or m</b> Heable statutory filing	(optional) ore than 90 days after filing.) Pur requirements, this date will	suant to 605,02
xument's effective	ve date on the Dep	artment of State's recor	·ds.	1	
	G	effective date, but	not an effective t	me, at 12:01 a.m. on (	the earlier
e record specil The 90th day	after the recor	d is filed.	•		
The 90th day	August 19	d is filed.	******		
The 90th day	after the recor	rd is filed.	TA)		
e record specif The 90th day ated	August 19	rd is filed.	ulharized representative	of a number	

Page 3 of 3

Filing Fee: \$25.00