11200006811

(Requ	iestor's Name)	
(Addı	ess)	
(Addr	ess)	
(City/	State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Busi	ness Entity Nar	me)
(Doci	ment Number)	
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer	

Office Use Only



500301792665

500301732665 08/01/17--01010--002 **25.00

ON SECULO PROPERTY OF STATE

M. MILLIGAN AUG 02 2017



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 29, 2017

YOSMANY CUELLAR PROGRESS FARM, LLC 15806 COLDING LOOP WIMAUMA, FL 33598

SUBJECT: PROGRESS FARM, LLC

Ref. Number: L12000066811

We have received your document for PROGRESS FARM, LLC, however, upon receipt of your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan Senior Section Administrator

Letter Number: 417A00013137

ZOIT JUL 31 RH 2: 28
SECTION FOR SECTION

www.sunbiz.org

no nov coor Tallahassaa Florida 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DIVISION OF FOR ORATIONS

17 AUG - | AM 10: 06

PROGRESS FARM 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 Compa	any were filed on 05/17/2012 and assigned
Florida document number L12000066811	,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited l	liability company here:
	The state of the s
The new name must be distinguishable and contain the words "Limited L	liability Company, the designation CEC of the abbreviation E.E.C.
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS	2 _
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address Name of New Registered Agent:	d office address on our records, <u>enter the name of the new</u> <u>here</u> :
New Registered Office Address:	Enter Florida street address
	Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:
provisions of all statutes relative to the proper and compa	agree to act in this capacity. I further agree to comply with the lete performance of my duties, and I am familiar with and as provided for in Chapter 605, F.S. Or, if this document is fice address, I hereby confirm that the limited liability
If	Changing Registered Agent, Signature of New Registered Agent

MGR = {	Manager Authorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	YUNIED MORA	8225 LA SERENA DR	
		TAMPA FL 33614	Add
			П Remove
			☐ Change
			Add
			□ Kemove
			□ Change
····			
		· · · · · · · · · · · · · · · · · · ·	□ Remove
			Change
			□ Remove
			Change
			Add
			☐ Remove
			☐ Change
			
		-	□ Remove
			□ Change

Dated		, 2017			
the record specifies a db). The 90th day after the	elayed effections ended to the control of the contr	ve date, but not a led.	an efféctive time	, at 12:01 a.m.	on the earlier
document's effective date or	n the Department	of State's records.			
. Effective date, if other th (If an effective date is listed, the one Note: If the date inserted in	this block does r	iling: c and cannot be prior to not meet the applicab	date of filing or more the statutory filing req	(optional) an 90 days after filing uirements, this date) Pursuant to 605.0 will not be listed
		06/14/2017			
			<u> </u>		
			<u> </u>	<u> </u>	
			_		
			i t		
·					
<u></u>	· · · · · · · · · · · · · · · · · · ·				
					
					
			 		