

L 3000017506

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

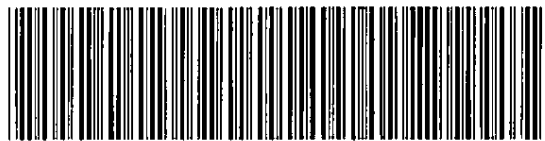
(Business Entity Name)

(Document Number)

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2023 OCT 16 PM 12:40
DIVISION OF STATE
SECRETARY OF STATE

R. HUNT

10/16/23

ANDRES MELENDEZ

11091 NW 27th Street Suite 212 Miami, FL 33172

Mobile: 305 525-6522

Miami October 10, 2023

**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS**

The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32314 2415

Dear Sir/Madam

PLEASE FIND THE FORM ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF:
MORINGA & MAMEY TREE FARM "LLC."

Regards,
Andres Melendez

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MORINGA & MAMEY TREE 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 Company were filed on FEB 1, 2013 and assigned
Florida document number L13000017506.

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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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:

New Registered Office Address:

Enter Florida street address

Florida

City

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

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MORINGA & MAMEY TREE FARM "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:

ANDRES MELENDEZ

Name of Person

MORINGA & MAMEY TREE FARM "LLC."

Firm/Company

11091 NW 27th Street, Suite 212

Address

MIAMI, FL 33172

City/State and Zip Code

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

ANDRES MELENDEZ

305 525-6522

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

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>
MGRM	MANUEL J. ROMERO	9285 SW 125 AVE. APT # 402	<input type="checkbox"/> Add
		MIAMI FL 33186	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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DIVISION OF CONSERVATION
OFFICE OF THE STATE
TREASURER

DIVISION OF CONCORDATION
2023 OCT 16 PM 12:40

2nd PART of STATE
DIVISION OF CORRECTIONS
2023 OCT 16 PM 12:40

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 OCTOBER 10, 2023

C - 2

Signature of a member or authorized representative of a member

ANDRES MELENDEZ

Typed or printed name of signee