

LL3000036621

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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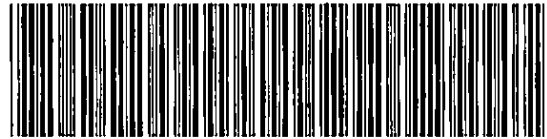
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

✓ SALLY
OCT -5 2018

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: JBS PLANT SERVICES 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:

JOSE M. GARCIA

Name of Person

Firm/Company

PO BOX 770998

Address

MIAMI, FLORIDA 33177

City/State and Zip Code

JBSNURSERY@GMAIL.COM

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

For further information concerning this matter, please call:

JOSE M. GARCIA

305 345-4992

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/COURIER ADDRESS:

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
18 OCT -1 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JBS PLANT SERVICES, 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 03/11/2013 and assigned
Florida document number L13000036621.

This amendment is submitted to amend the following:

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

CAO 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:

20850 SW 187 AVENUE

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FLORIDA 33187

(can not accept mail at this address)

Enter new mailing address, if applicable:

P.O. Box 770998

(Mailing address MAY BE A POST OFFICE BOX)

Miami, Florida 33177

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:

MICHELLE COFFEY-GARCIA

New Registered Office Address:

10424 SW 114 COURT

Enter Florida street address

MIAMI

City

Florida 33176

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>
MGR	JOSE M. GARCIA	PO BOX 770998	<input checked="" type="checkbox"/> Add
		MIAMI, FLORIDA 33177	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MICHELLE COFFEY-GARCIA	PO BOX 770998	<input checked="" type="checkbox"/> Add
		MIAMI, FLORIDA 33177	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

NOT APPLICABLE

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STATE OF FLORIDA
TALLAHASSEE

E. Effective date, if other than the date of filing: OCTOBER 1, 2018 (optional)

(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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated OCT. 1, 2018



Signature of a member or authorized representative of a member

JOSE M. GARCIA

Typed or printed name of signee