

LIB 000036621

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

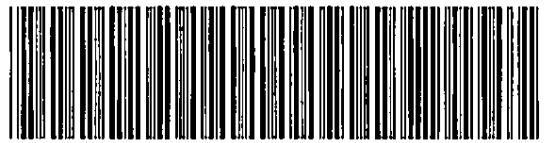
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000332669250

08/06/19--01017--012 \*\*30.00

FILED  
19 AUG -6 AM 7:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 12 2019  
S. YOUNG



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

CAO FARMS 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:**

CLASSICAL PLANT SERVICES 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

Enter new mailing address, if applicable:

PO BOX 770998

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FLORIDA 33177

FILED  
19 AUG -6 AM 7:37  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

**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:

9295 SW 67 STREET

*Enter Florida street address*

MIAMI


*City*

Florida 33173

*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 . GARCIA	PO BOX 770998	<input type="checkbox"/> Add
		MIAMI, FLORIDA 33177	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	MICHELLE COFFEY-GARCIA	PO BOX 770998	<input type="checkbox"/> Add
		MIAMI, FLORIDA 33177	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

