LB000170879

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Flager Village Farm L.L.C. 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:
Haylee Madtis Name of Person
Firm/Company
1619 SW 8th Ave
Fort Lauderdale, FL 33315 City/State and Zip Code Nomadfis 23@gmail. (Om E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Haylee Made States at 954, 494-3270 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status (Certified Copy tadditional copy is enclosed) \$\Bigcup \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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

	arn LLC
(Name of the Limited Liability Compan (A Florida Limited Li	v as it now appears on our records.) ability Company)
	12/10/2013 9 5 7
The Articles of Organization for this Limited Liability Company v	vere filed on 12/10/2013 and assigned
Florida document number <u>L13000170879</u>	是 6
This amendment is submitted to amend the following:	were filed on 12/10/2013 and assigned and assigned lity company here:
A. If amending name, enter the new name of the limited liabil	fity company here:
Tella faim LLC	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1619 SW STRIAVE
(Principal office address MUST BE A STREET ADDRESS)	1619 SW 8th Ave Fort Lauderdale, FL 33315
Enter new mailing address, if applicable:	1619 SW 8th Ave Fort Landerde FL 33315
(Mailing address MAY BE A POST OFFICE BOX)	Fort Landerde FL 33315
B. If amending the registered agent and/or registered off	
registered agent and/or the new registered office address here:	:
Name of New Registered Agent:	1 0+10
New Registered Office Address: $(\mathcal{O})^{\mathcal{L}_f}$	
	Enter Florida street address
fort lau	iderdale Florida 33315
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is

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>	Address	Type of Action
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	date will not be listed as the
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ord specifies a delayed effective date, but not an effective time, at 12:01 a.	$m. \stackrel{ }{on}$ the earlier of:
90th day after the record is filed.	1
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ec I f er	ve date, if other than the date of filing: (option crive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fit fit the date inserted in this block does not meet the applicable statutory filing requirements, this cent's effective date on the Department of State's records. ord specifies a delayed effective date, but not an effective time, at 12:01 a. 90th day after the record is filed. August 1, 2017

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Filing Fee: \$25.00