L14000043423

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COVER LETTER

	Registration Se Division of Cor		•	
aun ir A		AGON LLC - NAME CHANC	GE .	
SUBJEC	:	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	turn all correspo	ondence concerning this matter	to the following:	
		ERIN TAM		
		-	Name of Person	
		JUICY DRAGON LLC		
			Firm/Company	
		19080 SW 264 STREET		
			Address	
		HOMESTEAD, FL 33031		
			City/State and Zip Code	
		ERIN.TAM@GMAIL.COM		
		E-mail address: (to be used for future annual report notifi	cation)
For furthe	er information c	oncerning this matter, please ca	all:	
ERIN TA	VM.		786 973-3670	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	0 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:

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

JUICY DRAGON LLC

The Articles of Organization for this Limited Liability Company w Florida document number <u>L14000043423</u> .	vere filed on MARC	H 17, 2014	
Florida document number L14000043423			and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ity company here:		
CENTRE FARMS LLC			
The new name must be distinguishable and contain the words "Limited Liability	y Company," the design	nation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			<u>.</u>
	<u> </u>		in in
			S AUG
Enter new mailing address, if applicable:			5
(Mailing address MAY BE A POST OFFICE BOX)	_		-
maning tautess shift DE AT 1001 Of TTOE 100.17		,	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:		r records, <u>ent</u>	er the name of the ne
Name of New Registered Agent:	-		
New Registered Office Address:			
	Enter Florida s	treet address	
		, Florida _	
	City		Zip Code
	erformance of my ovided for in Chap	duties, and Lan oter 605, F.S. C	n familiar with and r, if this document is
being filed to merely reflect a change in the registered office accompany has been notified in writing of this change.		onfirm that the	limited liability

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
			Add
			Remove
			☐ Change
			Remove
			Remove
			Change
			Add
			Remove
			Change
			Add
			□ Remove
			Change
		 	Remove
			☐ Change

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Effective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this bloodocument's effective date on the Department.	be specific and ck does not n	cannot be prior neet the applic	r to date of filing cable statutory	or more than 90	(optional) days after filing.) tents, this date v	Pursuant to 605.020 will not be listed a:
ne record specifies a delayed The 90th day after the reco		late, but no	ot an effecti	ve time, at	12:01 a.m. c	on the earlier o
AUGUST 7		2019				
a:1			··			
	lignature of a r	nember or auth	orized represen	tative of a memb	er	

Page 3 of 3

Filing Fee: \$25.00