114000102891

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June 22, 2020

FLORIDA FILING

SUBJECT: GOLDEN SUNSHINE FAMILY FARMS LLC

Ref. Number: L14000102891

We have received your document for GOLDEN SUNSHINE FAMILY FARMS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons Regulatory Specialist II Supervisor

Letter Number: 420A00012273

plase Keer Original fre dute. Thank you!

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 6/19/20

, **t**

NAME: GOLDEN SUNSHINE FAMILY FARMS LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

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COVER LETTER

SUBJECT:	GOLDEN	SUNSHINE FAMILY FARM	S LLC	
SUBJECT.		Name of Lin	nited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Victor Bertolin		
			Name of Person	
		GOLDEN SUNSHINE FA	AMILY FARMS LLC	
			Firm/Company	
		1573 NW 82nd Ave		
	Name of Limited Liability Company Inclosed Articles of Amendment and fee(s) are submitted for filing. Treturn all correspondence concerning this matter to the following: Victor Bertolin			
		Doral, Florida 33126		
			City/State and Zip Code	
		victor@zumex.com		
		E-mail address: ((to be used for future annual report notification)	
For further in	nformation c	oncerning this matter, please c	all:	
Anibal Man	zano			
	Name o	f Person		Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	filing Fee		Certified Copy (additional copy is enclosed) (60.00 Filing Fee. Certificate of Status & Certified Copy additional copy is enclosed)
			-	
P.C). Box 632	7		
Tal	lahassee, I	FL 32314	2415 N. Monroe Street, S	Suite 810

Tallahassee, FL 32303

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

2020 JUN 19 AN 7: 42

GOLDEN	SUNSHINE	FAMILY	' FARMS LLC
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(Name of the Limited Liability Company as it now appears on our records.)

The Articles of Organization for this Limited Florida document number L14000102891		were filed on June 27	. 2014 and assigned
This amendment is submitted to amend the fo			
A. If amending name, enter the new name	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designa	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	1573 NW 82nd Ave	
(Principal office address MUST BE A STRE	ET ADDRESS)	Doral, Florida 33126	
Enter new mailing address, if applicable:		1573 NW 82nd Ave	
enter new mannig address, it applicable: (Mailing address MAY BE A POST OFFICI	E PAN	Doral, Florida 33126	
	<u> </u>		
B. If amending the registered agent and/or agent and/or the new registered office addr Name of New Registered Agent:	registered office : ess here: Borja Rodrigo	address on our record	ds, enter the name of the new regist
New Registered Office Address:	1573 NW 82nd	Ave	
New Regimered Wiffee Additess.		Enter Florida st	reet address
	Doral		, Florida 33126
			, r wika

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 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 (12) JUL 19 101 7: 42	Type of Action
President	Víctor Bertolín	1573 NW 82nd Ave	= Add
		Doral, Florida 33126	□Remove
			□Change
MGR	Borja Rodrigo	1573 NW 82nd Ave	■Add
		Doral, Florida 33126	□Remove
			□Change
MGR	Daniel Lopez	5419 NW 72 Ave	□Add
		Miami, Florida 33166	■Remove
			□Change
			□ Add
			□ Remove
			□Change
			□Add
			Remove
			Change
			□Add
			□Remove
			□Change

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Note: If the date inserte	than the date of filing: the date must be specific and c d in this block does not me e on the Department of Sta	et the applicable status	(0 iling or more than 90 days a tory filing requirements.	ptional) ifter filing.) Pursuant to 60 this date will not be lis	5.0207 (ted as ti
e record specifies a delay rd is filed.	ed effective date, but not a	n effective time, at 12:	01 a.m. on the earlier of	(b) The 90th day afe	er the
Dated	June 18 ,	2020			
		ember or authorized repre	>		

Filing Fee: \$25.00