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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nam	e)
(De	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	·
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TO:

Registration Section

Divi	sion of Cor	porations		
SUBJECT:		F SW FLORIDA, LLC		
SOBJECT		Name of Lim	ited Liability Company	
The enclosed	Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Allen Lombardi		
			Name of Person	
	•	ALTIAN OF SW FLORID	OA, LLC	
			Firm/Company	
		1890 Cascade Ct.		
			Address	
		Marco Island, Fl. 34145		
			City/State and Zip Code	
		allen@prvwines.com		
For further in	formation co	E-mail address: (oncerning this matter, please ca	to be used for future annual report notifi all:	ication)
Allen Lomba	ırdi		209 810 0058	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 F	iling 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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ALTIAN OF SW FLORIDA, LLC

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document numberL15000012055	were filed on <u>01/21/2015</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST_BE A STREET ADDRESS)		()
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		6: 1
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the i	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida	•
	City	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

Docusign Énvelope ID: AA5464BA-8235-488C-A0B3-B38F2FC005A9 in amending Authorized rerson(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
AMBR	ALLEN LOMBARDI	1890 CASCADE COURT	
		MARCO ISLAND. Fl. 34145	🗆 Remove
AMBR	FARMCOLINC	1309 COFFEEN AVENUE STE 1200	🗆 Add
		SHERIDAN, WY 82801	■Remove
			□ Change
			□Add
			🗀 Remove
			Change
		_	🗆 Add
			□Change
			□ Add
			Remove
			□Change
			□Add
			Remove
			□Change

	Allen Lombardi should be changed from AMBR to MGR
	
Note	tive date, if other than the date of filing:
e reco	ord 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 filed.
Date	12/17/2024
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00