L1600000941C

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COVER LETTER

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

•	• •		COVER LETTE	R	
	istration Sect sion of Corp				So Maria
	WONDER F	ARM, LLC			Se Chill
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	Articles of A	mendment and fee(s) are sub	mitted for filing.		y
Please return	all correspond	dence concerning this matter	to the following:		
		Candy Brownlow			
			Name of Person		
		John P. Maas, Esq.			
			Firm/Company		
		44 NE 16 Street			
			Address		
	Name of Limited Liability Company Authority Company Preson Candy Brownlow Name of Person John P. Mans, Esq. Firm/Company 44 NE 16 Street Address Homestead, F1, 33030 City/State and Zip Code Summiamiinc@yahoo.com E-mail address: (to be used for future annual report notification) arther information concerning this matter, please call:				
		Sunmiamiinc@yahoo.com	City/State and Zip Code	·	
		E-mail address; (to be used for future annual	report notification)	
For further inf	formation cor	ncerning this matter, please ca	all:		
Candy Brown	ilow			7-7132	
	Name of I	Person	Area Code	Daytime Telepho	one Number
Enclosed is a	check for the	following amount:			
\$25.00 Fil	ling Fee		Certified Copy		Certificate of Status & Certified Copy
		G ADDRESS:		COURIER ADI	DRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		ER FARM, LLC	T 1977
(<u>Name</u> of the Li	nited Liability C (A Florida Lin	ompany as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited	Liability Com	pany were filed on January 15, 2016	وں and assigned
Florida document number 1.16000009410			
This amendment is submitted to amend the fo			
A. If amending name, enter the new name	of the limited	liability company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited	Liability Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if appl	licable:	N/A	
(Principal office address MUST BE A STRE	EET ADDRES.	S)	_
Enter new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFIC	E BOX)		·
3. If amending the registered agent an	d/or registere	d office address on our records, enter t	he name of the no
registered agent and/or the new registered	<u>office address</u>	<u>here</u> :	
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida street address	
		,, Florida	
		Cin.	Zu, Cod.

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>	Type of Action
AMBR	Meng Lin Wang	6792 Dartmouth Forest Hills, NY 11375	⊟ Add
			□ Remove
			Change
			□ Remove
			□ Change
			Remove
			Change
			Add
			Remove
			☐ Change
			Add
			Remove
			Change
			Add
			☐ Remove
			☐ Change

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Offan e <u>Note</u>	tive date, if other than the date of filing:
If the re (b) Th	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Date	Sovember 21 2019
	Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00