

L16000122115

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

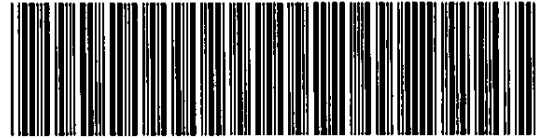
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900292142039

12/01/16--01012--015 **25.00

FILED

16 DEC -1 PM 4:34

DIVISION OF COURT OPERATIONS

O SIMMONS

DEC 02 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Globe Farm LLC

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:

Sam Hun

Name of Person

Globe Farm LLC

Firm/Company

18938 85 CT., #3102

Address

Hialeah, FL 33015

City/State and Zip Code

helenli1668@icloud.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sam Hun

786 797-8880
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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:

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

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>	<u>Type of Action</u>
MGR	Zhi Ming Li	16300 SW 264 ST Homestead	<input checked="" type="checkbox"/> Add
		FL 33033	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

Division of Professions
16 DEC - 1 PM 4:35

FILED

16 DEC - 1 PM 4:35
DIVISION OF CORRECTIONS

16 DEC - 1 PM 4:35
DIVISION OF CONSTITUTIONS

THE

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record 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 record is filed.

Dated

11/16/2016.

X Markus
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Sam Hun

Typed or printed name of signee