116000122115

(Requestor's Name)
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(Address)
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,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
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Certified Copies Certificates of Status
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COVER LETTER

TO:	Registration Sec Division of Corp		· · · · · · · · · · · · · · · · · · ·	°₩ •		
	Globe Farm					
Name of Limited Liability Company						
		Amendment and fee(s) are sub	-			
Please	return all correspor	ndence concerning this matter	to the following:			
		- Sam Hun				
			Name of Person			
	·	Globe Farm LLC				
			Firm/Company	11 18 18 2 4 th		
		18938 85 CT ., #3102				
			Address			
		Hialeah, FL 33015				
		helenli1668@icloud.com	City/State and Zip Code			
		=	to be used for future annual report notif			
For fur	ther information co	ncerning this matter, please ca				
Sam H	un		786 797-8880 at ()			
			Area Code Daytime	Telephone Number		
Enclose	ed is a check for the	e following amount:				
■ \$2:	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Globe Farm LLC		•
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L16000122115	Company were filed on <u>06/24/2016</u> .	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	ORESS)	16
		显 1 [
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		9
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B. If amending the registered agent and/or regregistered agent and/or the new registered office ad		the name of the new
Name of New Registered Agent:		
New Registered Office Address:	D. Fl. H. Anna H.	
	Enter Florida street address	
	, Florida	Zip Code
	CHY	Lip 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

State of the state of the state of

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>	Name	Address	Type of Action		
MGR	Zhi Ming Li	16300 SW 264 ST Homestead	■ Add		
		FL 33033	□ Remove		
		 	Change		
			Add		
			☐ Remove		
			☐ Change		
			Add Add Remove		
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			□ Change		
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			☐ Remove		
	,		☐ Change		

Effective date, if other than the date of filing: (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 605.020 Nate: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.								
Effective date, if other than the date of filing: (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 605.020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a								
Effective date, if other than the date of filing: 10/26/2016 (optional) (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 605.020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as								<u>-</u>
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the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier	the record specifies	a delayed effe	ctive date hi	ut not an eff	active time at	. 12:01 a m	on the earli	er of:
) The 90th day after the record is filed.				at not an em	secree diffe, di	. 12,01 a.m.	on the carne	51 01.
Dated 11/19/23/6	Dated //	16/22	16					
1- 11 M/f =	1.1	1.1.4		_				
Signature of a member or authorized representative of a member	X - 4	Signati	ure of a member o	or authorized repr	esentative of a men	hber		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00