

L16000 126127

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

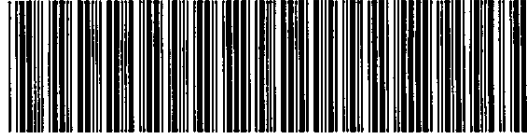
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700287780517

07/12/16--01031--012 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 JUL 12 PM 1:18

FILED

K. SALY
EXAMINER

JUL 14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fernandez & Son's Harvesting 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:

TESSA JEFFERY

Name of Person

Graham Income Tax Service Inc.

Firm/Company

120 N 4th Ave.

Address

Wauchula, FL 33873

City/State and Zip Code

tessa@gits.biz

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

For further information concerning this matter, please call:

Tessa Jeffery

Name of Person

at (863) 773-2637

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Fernandez & Sons Harvesting, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2016 JUL 12 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on July 1, 2016 and assigned
Florida document number L16000126127.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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

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	Enrique Fernandez	3825 Lake Buffam Rd. W.	<input checked="" type="checkbox"/> Add
		Fort. Meade, FL 33841	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Rosa Fernandez	3825 Lake Buffam Rd. W.	<input type="checkbox"/> Add
		Fort. Meade, FL 33841	<input type="checkbox"/> Remove
			<input checked="" 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

2018 JUL 12 PM 1:19
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

FILED

2016 JUL 12 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 JUL 12 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

77

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 7/11 2016

Signature of a member or authorized representative of a member

Enrique Fernandez
typed or printed name of signee