## L170000 11092

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE

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J. HARRIS

## **COVER LETTER**

TO:	Registration Se Division of Cor			
SURIE	FLOURISH	I FARMS. LLC		
зова			nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		WILLIAM GOMEZ		
			Name of Person	
		ID EXPRESS WG INC		
			Firm/Company	<del></del>
		7500 NW 25TH ST #282		
		<del></del>	Address	<del></del>
		MIAMI, FL 33122		
			City/State and Zip Code	
		info@idexpresscorp.com		
		E-mail address: (	to be used for future annual report notif	ication)
For furt	her information co	oncerning this matter, please ca	all:	
WILLI	AM GOMEZ		305 484 9515	
•	Name of	f Person	at () Area Code Daytime	Telephone Number
Enclose	ed is a check for th	ne 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:

TO:

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



May 9, 2017

WILLIAM GOMEZ 7500 NW 25TH ST #282 MIAMI, FL 33122

SUBJECT: FLOURISH FARMS, LLC

Ref. Number: L17000011092

We have received your document for FLOURISH FARMS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 117A00009188

Done

HASSEE, FIRMING.

2017 HAY 19 AM 9: 06
SECRETARY OF STATE
AND ANASSEE FLORID.

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLOURISH FARMS, LLC			
( <u>Name of the Lim</u>	ited Liability Compa (A Florida Limited	iny as it now appears on Liability Company)	our records.)
he Articles of Organization for this Limited I	Liability Company	were filed on $\frac{01/13/2}{}$	and assigned
lorida document number L17000011092	<u></u> .		
his amendment is submitted to amend the fol	lowing:		
. If amending name, enter the new name	of the limited liab	ility company here:	
/A			
te new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	
Principal office address MUST BE A STRE	ET ADDRESS)		AS 2
nter new mailing address, if applicable:		N/A	ASSE ASSE
Mailing address MAY BE A POST OFFICE	E BOX)		THE THE
			STATE OF THE PROPERTY OF THE P
			OA AG
. If amending the registered agent and egistered agent and/or the new registered of			r records, <u>enter the name of the</u>
gistered agent and/or the new registered to	mice address ner	<u>~</u> .	
Name of New Registered Agent:	ID EXPRESS	WG INC	
New Registered Office Address:	7500 NW 25TI		
		Enter Florida s	
	MIAMI		, Florida 33122
		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

Page 1 of 3

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>	Address	Type of Action		
VP ———	SIERRA SENDOYA, FELIPE	7255 NW 44TH ST			
		MIAMI, FL 33166	■ Remove		
			Change		
		N/A			
			□ Remove		
			Change		
		N/A	Add		
		<del></del>	Remove		
			Change		
			□ Add		
			☐ Remove		
			☐ Change		
			AHASSEE FLORIDA		
			□ Add		
			□ Remove		
			□ Change		

N/A ————	·						. <u>.</u>	-
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If an effective date is Note: If the date	other than the d listed, the date must be inserted in this blocative date on the Dep	be specific and c ck does not me	cannot be prior to cet the applicab	le statutory fil	more than 90 day	s, this date y	Pursuant to 60 vill not be lis	5.0207 ted as
ne record spec The 90th day	ifies a delayed after the reco	effective da rd is filed.	ite, but not	an effective	time, at 12	:01 a.m. c	n the earli	er of
Dated	mi, Fl	,	5/16/	! !7.	<del>-</del> .		``	
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	$-\frac{\circ}{s}$	ignature of a me	ember or authori	zed representati		-		

Page 3 of 3

Filing Fee: \$25.00