

L17000055143

(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



400297677004

04/18/17--01024--003 **60.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 APR 18 A 6:24

FILED

BRUCE
APR 19 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 11, 2017

MOHAMMAD A, KARIM
14188 NORTH RD
LOXAHATCHEE GROVE, FL 33470

SUBJECT: MK TROPICAL FOOD FARM, LLC
Ref. Number: L17000055143

We have received your document for MK TROPICAL FOOD FARM, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$60.00.

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

Deborah Bruce
Regulatory Specialist II

Letter Number: 417A00006096

2017 APR 18 A 6:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MK Tropical Fruit 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:

Mohammad A. Karim

Name of Person

MK Tropical Fruit Farm, LLC.

Firm/Company

14188 North Rd.

Address

Loxahatchee Grove, FL 33470.

City/State and Zip Code

Syida@accountxxx.com

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

For further information concerning this matter, please call:

Mohammad Karim

Name of Person

at (202)

Area Code

415-3275

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

201 APR 18 A 6:25

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MK Tropical Food Farm, LLC.

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

The Articles of Organization for this Limited Liability Company were filed on 3/15/2017 and assigned Florida document number L17000055143.

This amendment is submitted to amend the following:

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

MK Tropical Fruit Farm, LLC.

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

Enter new principal offices address, if applicable:

14188 North Rd.

(Principal office address MUST BE A STREET ADDRESS)

Loxahatchee Grove, FL 33470

Enter new mailing address, if applicable:

506 Treehouse Ct.

(Mailing address MAY BE A POST OFFICE BOX)

Ft. Washington, MD 20744

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:

Mohammad Karim

New Registered Office Address:

14188 North Rd.

Enter Florida street address

Loxahatchee Grove, Florida

City

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 APR 18 4:34 PM

FILED

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

or removed from our records: enter the title, name, and address of each person being added

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Partner	Mohammed A. Karim	506 Treehouse Ct. Fort Washington, MD 20744	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 APR 18 A 6:25
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA


...ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FILED
2017 APR 18 A 6:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (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 605.0207 (3)(b)
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.

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 3/25, 2017.



Signature of a member or authorized representative of a member

Mohammad A. Karim

Typed or printed name of signee