47000041348

(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



01/07/19--01030--012 **25.06

COVER LETTER

TO: Registration S Division of Co			
Tinoco Far	rms, LLC		
SUBJECT:	Name of Lin	nited Liability Company	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Erick F. Lora		
		Name of Person	
	John P. Maas, Attorney at	Law	
		Firm/Company	
	44 NE 16th Street		
		Address	
	Homestead, FL. 33030		
	erick@maaslaw.com	City/State and Zip Code	· ,
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	all:	
Erick Lora		305 247-7132 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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)
MAIL	ING ADDRESS:	STREET/COURIE	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327

TO:

Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

FILED

2019 JAN -4 PM 12: 12 TINOCO FARMS, LLC (Name of the Limited Liability Company as it now appears on our records) FIETE (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{03/16/2017}{1}$ and assigned Florida document number L17000061348 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 "LI.C" or the abbreviation "L.L.C." 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

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

, Florida

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
AMBR	Tinoco, Rafael	501 West Palm Drive, Suite 109 Florida City, FL. 33034	
			≘ Remove
			Change
	Rafael Tinoco, as Trustee of the Rafael Tinoco Rev Trust, 04/08/08	17955 SW 172 Street Miami, FL. 33186	= Add
			Remove
			Change
			□ Remove
			Change
			Add
		_	☐ Remove
			☐ Change
			D Add
		·	Remove
			☐ Change
			Add
			☐ Remove
			☐ Change

4	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
T. cc	
If an c <u>Note</u>	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
Dated	January 2 Signature of a member of authorized representative of a member
	Signature of a member or authorized representative of a member
	Rafael Tinoco
	Material Linguis

Page 3 of 3

Filing Fee: \$25.00