117000/13503

| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
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| Certified Copies Certificates of Status |
| Columbia copies |
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| Special Instructions to Filing Officer: |
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Office Use Only



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Jailin 8/3/1/17 SECRETARY OF STATE
TALLAHASSEE, FLORINA

COVER LETTER

| TO: Registratio Division of | n Section Corporations | | | | |
|--------------------------------|--|---|---|--|--|
| LUGU | NITA HARVESTING, LLC | | | | |
| SUBJECT: | Name of Lim | nited Liability Company | | | |
| | | | | | |
| The enclosed Article | s of Amendment and fee(s) are sub | omitted for filing. | | | |
| Please return all corr | espondence concerning this matter | to the following: | | | |
| | GUADALUPE MENDES | | | | |
| | Name of Person | | | | |
| | LAGUNITA HARVESTING, LLC | | | | |
| | | Firm/Company | | | |
| | 276 N MADERA ROAD | | | | |
| | | Address | | | |
| | AVON PARK, FL 33825 | | | | |
| | | City/State and Zip Code | | | |
| | guadalupe:nendes77@gmai | Leom to be used for future annual report notifi | ention l | | |
| For further information | on concerning this matter, please c | · | Cacioni | | |
| GUADALUPE MEN | - | | | | |
| | me of Person | 863 990-8364 | | | |
| | or the following amount: | Area Code Daytine | reteptione Number | | |
| \$25,00 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) | | |
| Rej Div P.C | AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 lahassee, FL 32314 | STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323 | tions | | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| LAGUNITA HARVESTING, LLC | | |
|---|---|----------------------------------|
| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears on our recon liability Company) | rds.) |
| The Articles of Organization for this Limited Liability Company | were filed on 05/23/17 | and assigned |
| Florida document number L17000113503 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabi | ility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designation "L1 | .C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRESS) | | SEE SEE |
| | | ARE SO THE |
| | | SS 20 F |
| Enter new mailing address, if applicable: | | <u> </u> |
| Mailing address MAY BE A POST OFFICE BOX) | <u></u> | F. 3 0 |
| • | | PRID |
| | • | . vi |
| If amending the registered agent and/or registered of egistered agent and/or the new registered office address here | | ds, enter the name of the |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| - | Enter Florida street addr | ess. |
| <u> </u> | | lorida |
| | 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> | | Name Address | | |
|--------------------------|-------------|--|----------|--|
| VP BLADIMIR MORENO | | 8331 ALTURAS ROAD | | |
| | | BARTOW, FL 33830 | Remove | |
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| Effective date, if other than the | date of filin | g: | | | (optional) | | |
| (If an effective date is listed, the date mu Note: If the date inserted in this b | lock does not r | neet the applic | able statutory | or more than 90 filing requirer | days after filing. nents, this date | .) Pursuant to 6 will not be li | 05.0207 (isted as t |
| document's effective date on the I | epartment of S | State's records | | | | | |
| | | date but no | nt an effecti | ve time at | 12:01 a m | on the ear | dier of: |
| | d effective a | | | | 12.01 0 | on the car | ne. or. |
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Page 3 of 3

Filing Fee: \$25.00

Rental Agreement

MONTH- TO- MONTH

| This rental agreement, dated | August 24, 2017 | , is between |
|---|------------------------------------|--|
| Guadalupe Mendez | tenant, and | Jeronimo Coronado , landlord, for the |
| rental unit located: 712/710 Bill | Head St. Avon Park, FL 338 | 325 |
| | | |
| | | |
| Under this rental agreement, the | e tenant agrees to rent the | above-mentioned residence on a month-to |
| month basis, with a monthly ren | tal amount of \$ _550.00 | The monthly rent will be due and payabl |
| on the day of | of each month, starting on | the first day of November through June, |
| other party. | i may terminate this <u>agreei</u> | ment with a 30 day written notice to the |
| | | |
| The Acres A. J | | |
| ine tenant acknowledges readin indicates acceptance of all terms | g and understanding this a | greement. The tenant's signature below |
| maidates addeptunce of all (CITIS | and conditions of this felt | al agreement. |
| | | |
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| | | |
| Jeronimo Coronado | | RDI 8/24/17 (DATE) |
| | [DANDEON | (DATE) <u>8124111</u> |
| | | |
| | | |
| (xully 1 | LENCY [TENANT] | [DATE] |