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TALLAHASSEE FLORING

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COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJI	ECT:	FARMAR TO Name of Lim	uited Liability Company	
The en	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		Arin	Name of Person	r_
		Deux Ex 33	Firm/Company	
			The state of the s	- 302 North Clark Or \$200 Devery Hills, (A 9524)
		ARIAAMI E-mail address: (City/State and Zip Code LUANTA COLUMN to be used for future amular report notification.	oun. Cem
For fur	ther information co	ncerning this matter, please ca	all:	
t)	LIA AM Name of	URANKA R	at (HL) Area Code Daytime	Telephone Number
Enclose	ed is a check for the	c following amount:		
□ \$ 25	5.00 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 capy 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

TO ARTICLES OF ORGANIZATION OF

tormake U	<u></u>	
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Lia	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company w	vere filed on Old Old 3	DP and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	v Company," the designation "LLC" 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 offi		water earl
B. If amending the registered agent and/or registered offiregistered agent and/or the new registered office address here:		The name of the new
		<u>}</u>
Name of New Registered Agent:		ASS -
New Registered Office Address:		
	Enter Florida street address	
	, Florida	DRIE SAL
	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

or removed from our records:

MGR = Manager AMBR = Authorized Member **Title** <u>Name</u> <u>Address</u> Type of Action ☐ Remove ☐ Change □ Add _□ Change □ Add ☐ Remove □ Change ☐ Remove Change □ Add □ Remove □ Change □ Add □ Remove

□ Change

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	NAT	
	<u> </u>	
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days at Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records.	otional) fler filing.) Pursuant to 605.0 his date will not be listed	0207 (3)(b) I as the
If the record specifies a delayed effective date, but not an effective time, at 12:03 (b) The 90th day after the record is filed.	l a.m. on the earlier	r of:
Dated Scotconser Ja 2017.		
Signature of a member or authorized representative of a member		
Kewan Amirona		
Typed or printed name of signee		

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Filing Fee: \$25.00