## LITOCO 126533

(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



600301749366

07/28/17--01016--012 \*\*25.00

FILED
7 JUL 28 PH 4: 29

S. WARREN AUG 0 2 2017

## **COVER LETTER**

Registration Section

Tallahassee, FL 32314

TO:

Divisio	n of Corp	orations		
D .	& D Trop	ical Fruit Farm LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed Ar	ticles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return all	correspon	dence concerning this matter	to the following:	
		Rajiv Yakhmi		
			Name of Person	
			Firm/Company	<del></del>
		5070 North Ocean Drive,	Apt 14 B	
			Address	
		Singer Island, Florida 3340	)4	
			City/State and Zip Code	
		rajiv14b@gmail.com	,	
		E-mail address: (	to be used for future annual report no	tification)
For further infor	mation co	ncerning this matter, please ca	all:	
Rajiv Yakhmi			561 215-8190	
	Name of	Person	at () Area Code Dayti	me Telephone Number
Enclosed is a che	eck for the	e following amount:		
\$25.00 Filin	g Fee	☐ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
		Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
				(additional copy is enclosed)
	MAILI	NG ADDRESS:	STREET/COUR	RIER ADDRESS:
Registration Section			Registration Sect	ion
	P.O. Box	of Corporations x 6327	Division of Corpo Clifton Building	oranons

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOST PINE FARM LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L17000126533	were filed on June 9, 2017 and assig	ned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
D & D Tropical Fruit Farm LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "LL.	G."
Enter new principal offices address, if applicable:	5070 North Ocean Drive , Apt 14 B	
(Principal office address MUST BE A STREET ADDRESS)	Singer Island, Florida 33404  Singer Island, Florida 33404  f applicable:  5070 North Ocean Drive . Apt 14 B	
Enter new mailing address, if applicable:	5070 North Ocean Drive , Apt 14 B	
(Mailing address MAY BE A POST OFFICE BOX)	Singer Island, Florida 33404	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	the nev
	, Florida	
	City Zip Code	
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pleing filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capacity. I further agree to comply performance of my duties, and I am familiar with provided for in Chapter 605, F.S. Or, if this docum	and ent is

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 **Address Type of Action** Title **Name** ☐ Add ☐ Remove ☐ Change □ Add \_□ Remove ☐ Change □ Add \_□ Remove ☐ Change □ Add □ Remove ☐ Change \_ Add ☐ Remove Change F. □Bemove

☐ Change

	· .					
			<del></del>	<del>-</del>		
	<del></del>	-			<del></del>	
_		- <del></del>		<del></del>		
					<u> </u>	
_						_
_						
					<del></del>	
_				<del> </del>	<del> </del>	
						_
_				<del></del>		
				<del></del>		
_	<del></del>					
	e date, if other than the d	ate of filing:		(ont	ional)	
ectiv	tive date is listed, the date must l	e specific and cannot b	e prior to date of filing o	or more than 90 days after	er filing.) Pursuant to	605.0207
effec	the data incomed in this black			нив течинения, иг	is date will live DC	nateu da
effec <u>te:</u> If	the date inserted in this bloom's effective date on the Dep					
effec <u>te:</u> If						
effec te: If cumer	nt's effective date on the Dep rd specifies a delayed		ut not an effectiv	re time, at 12:01	a.m. on the ea	ı <b>r</b> lier o
effec te: If cumer	nt's effective date on the Dep		ut not an effectiv	re time, at 12:01	a.m. on the ea	ırlier o
reco	rd specifies a delayed Oth day after the reco		ut not an effectiv	re time, at 12:01	a.m. on the ea	ırlier o
reco	rd specifies a delayed Oth day after the reco		ut not an effectiv	re time, at 12:01	a.m. on the ea	irlier o
reco	rd specifies a delayed Oth day after the reco		ut not an effectiv	re time, at 12:01	a.m. on the ea	ndier o
reco	rd specifies a delayed poth day after the reco	rd is filed.	<u>017</u> .		17 JUL 2	irlier o
n effec te: If cumer	rd specifies a delayed poth day after the reco	rd is filed.	ut not an effective		17 JUL 28	ndier o

Page 3 of 3

Filing Fee: \$25.00