

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (350)617-6383

From:

Account Name : COSTA FARMS
Account Number : 120180000093
Phone : (305)247-5135
Fax Number : (786)272-6137

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: arianna @ costa farms. Com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GARDENVISION, LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

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Electronic Filing Menu

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Corporate Filing Menu

Help

10/24/2018

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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		ARTICLES OF A	MENDMENT	#180003078623
		TO		
		ARTICLES OF OF		
		OF		The state of
				3
	ardenvision, LLC	the Limited Liability Company	as it now appears on our record bility Company)	
		(A Florida Limited Lia	bility Company)	
The Articles of (Organization for this I	imited Liability Company w	ere filed on 8/15/2017	and assigned
lorida documen	nt number <u>L17000173</u>	723		,
his amendmen	t is submitted to amer	d the following:		
1. If amending	g name, enter the nev	name of the limited liabili	ty company here:	
The new name inus	st be distinguishable and c	ontain the words "Limited Liability	y Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new prin	icipal offices address	if applicable:		
-	=	A STREET ADDRESS)		
Enter new mai	ling address, if appli	able:		
	SS MAY BE A POST			
B. If amendi	ing the registered a	ent and/or registered off	ice address on our record	s, enter the name of the new
registered ager	nt and/or the new res	istered office address here:	:	
Name	of New Registered A	gent:		
New I	Registered Office Adu	ress:		
			Enter Florida street addre	NY .
				lorida
			City	Lip Cine

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

Page 1 of 3

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

Title	Name	Address	Type of Action
SVP:	Arianna C. de Ona	21800 SW 162 Avenue Miami, FL 33170	🗀 Add
General (Counsel		_
			Remove
		•	
SVP	Carlos Acevedo	21800 SW 162 Avenue Miami, FL 33170	① Add
			☐ Remove
			☐ Change
SVP	Juan Lafuente	21800 SW 162 Avenue Miami, FL 33170	₽ Add
			Remove
		<u> </u>	Change
CFO	Jose R. Alvarez		□ Add
			Remove
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			□ Add ≥ ∴ 66 □ RemoveS
			Change
			PH 3
			————□-Remove
			D Change

From.	Norma	Veca
- I U I I.	1101111	A office

Fax: (786) 272-6131

To: 18506178383@refax.cc Fax: (850) 817-8383

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Effective	e date, if other th	an the date of fil	Hng:		(ор	tional)	
Note: If	f the date inserted in	this block does no	ot meet the appu	cable statutory im	more than 90 days at ng requirements, t	ctional) ler filing.) Pursuant to 605 his date will not be liste	:020 cd as
locumen	nt's effective date o	n the Department of	if State's records	5 ,			
ie reco The 9	ord specifies a d 90th day after t	elayed effective he record is file	e date, but no ed.	ot an effective	time, at 12:03	l a.m. on the earlie	er o
Dated (October	24	, 201	S			
Daicu <u> </u>	<u> </u>	^	 ,				
		(a) d	Ta member or aut				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00