L17000209927

(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

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05/18/20--01023--018 **25.00

S TALLENT

JUL 08 2020

2020 JUL -2 AM 10:17

FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020 JUN -2 PM 7:36

June 8, 2020

CARMEN A CASTELLON
SOUTH FLORIDA FUNGI LLC
6915 SW 99TH AVE
MIAMI, FL 33173

SUBJECT: SOUTH FLORIDA FUNGI LLC
Ref. Number: L17000209927

We have received your document and check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE COMPLETE AND SIGN LETTER B ON THE FORM.

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 620A00011215

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: South Florida Fungi LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carmen A Castellon
Name of Person

South Florida Fungi LLC
Firm/Company

6915 SW 99th Ave
Address

Miami Fl 33173
City/State and Zip Code

southfloridafungi@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carmen Castellon at (786) 366-6332
Name of Person — Area Code — Daytime Telephone Number

Enclosed is a check for the 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)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

South Florida Fungi LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/10/2017 and assigned Florida document number L17000209927.

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 "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)

2021 JUL -2 AM 10:17

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: Carmen A Castellon

New Registered Office Address: 6915 SW 99th Ave
Enter Florida street address

Miami, **Florida** 33173
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

Title	Name	Address	Type of Action
MGR	Carmen A Rodriguez	6915 SW 99th Ave Miami FL 33173	☐ Add
			■ Remove
			☐ Change
MGR	Carmen A Castellon	6915 SW 99th Ave Miami FL 33173	■ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Got married and changed last name, same person just need the last name to be changed to Castellon so company matches bank and other account whom which i've made the changes with . Wasn't sure if this would apply for Section B, or C, so i filled out both. Let me know if you have any questions please, as soon as this change is made the bank will proceed with the new bank account. I will attach a change of name document as well. Thanks.

E. Effective date, if other than the date of filing: 05/08/2020 **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated May 8th, 2020.

Signature of a member or authorized representative of a member

Carmen Castellon

Typed or printed name of signee

Filing Fee: $25.00

Type: NAME CHANGE | Official Use Only

Are you a citizen of the United States of America? YES

☒ I affirm I have never been convicted of a felony.

☐ If I have been convicted of a felony, I affirm my voting rights have been restored by the Board of Executive Clemency.

☐ If I have been convicted of a felony, I affirm my voting rights have been restored pursuant to s. 4, Art. VI of the State Constitution upon the completion of all terms of my sentence, including parole or probation.

☒ I affirm that I have not been adjudicated mentally incapacitated with respect to voting or, if I have, my right to vote has been restored.

Date of Birth (MM/DD/YYYY): 11/02/1986

FL Driver License/FL ID Number: C234-101-86-902-0 | Social Security Num.: 9580

Last Name/Suffix	First Name	Middle Name/Initial
CASTELLON	CARMEN	ADRIANA

	Address	City	County	State	Zip Code
Address Where You Live (Legal Residence)	6915 SW 99 AVE	MIAMI	DADE	FL	33173
Mailing Address if different from above:	6915 SW 99TH AVE	MIAMI	DADE	FL	33173

Address where last registered to vote:

Former name if making a name change: CARMEN ADRIANA RODRIGUEZ | Day Phone Number:

Party Affiliation: No Party Change

Race/Ethnicity: 4 HISPANIC

Sex: F | Do you need voting assistance at the polls? NO | Are you interested in being a poll worker? NO | State or Country of Birth: Peru

Are you: Active Duty Military/Merchant Marine? NO | Dependent of an Active Duty Military/Merchant Marine? NO | U.S. Citizen Currently Residing Outside the U.S.? NO

☐ Please send me a sample ballot by email if option is available in my county
Provide email address:

Oath: I do solemnly swear (or affirm) that I will protect and defend the Constitution of the United States and the Constitution of the State of Florida, that I am qualified to register as an elector under the Constitution and laws of the State of Florida, and that all information provided in this application is true.

The completion of your driver license or identification card application and signature, and/or any change of address will constitute your consent for voter registration purposes, unless you wish to decline.

FOR VERIFICATION PURPOSES ONLY

This form is provided for the purpose of verifying the information you have provided to Department of Highway Safety and Motor Vehicles and for attesting to the oath at the bottom of this form. Your application for voter registration will be acknowledged by your local Supervisor of Elections either by a Voter Information Card or a request for further information. Contact your local Supervisor of Elections if you have questions.

Date: 07-nov-19 08:47:32 3223481