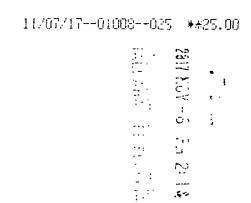
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COVER LETTER

	gistration Se vision of Cor			
ern reer		FARMS LLC		
SUBJECT	·	Name of Lin	ited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retur	n all correspo	ondence concerning this matter	to the following:	
			ROMANO OLDANO	
			Name of Person	
		i	KUMBIA FARMS LLC	
			Firm/Company	
			1910 N 29TH AVE	
			Address	
		HC	DLLYWOOD, FL 33020	
			City/State and Zip Code	
			OOLDANO@HOTMAHCOM to be used for future annual report noti	fication)
For further	information e	oncerning this matter, please c	·	
ROMANO			786 3519486 at () Area Code Daytim	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is	a check for th	ne 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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liabi</u> (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)			
The Articles of Organization for this Limited Liability	Company were filed on 10/23/2017		_ and as	signed
Horida document number 1.17000218457	·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	mited liability company here:	<u>.</u>	162	
		Ξ.	 - 건설	
he new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" of	or the abbre		.lt.C."
Enter new principal offices address, if applicable:			C' >	1
Principal office address MUST BE A STREET ADD	DRESS)	**	-n =1:	1
THE DATE THE AND THE ALL PROPERTY OF THE ALL P		•	<u> </u>	
			<u></u>	
		7.	, , ,	
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)				
If amending the registered agent and/or reg		enter_the	e name	of the
egistered agent and/or the new registered office ad	dress here:			
Name of New Registered Agent:				
New Registered Office Address:				
The Registered Office Address.	Enter Florida street address			
	Flori	ida		of the
 -	Fiori		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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	DIANA M. BETTIN MUNOZ	1910 N 29TH AVE HOLLYWOOI 33%	Z ^O □ Add
MGR.	Carlos Aerveo Sanche	2 1910 N 29th Ave Hollyge	☐ Change
			Remove
			Change
			Add
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	date, if other than the date of filing:	i onal) r filing.) Pursua	nt to 60	5.03
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Page 3 of 3

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