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S. PRATHER

## **COVER LETTER**

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SUBJECT:		ARMS, LLC		
SUBJECT:		Name of Limi	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	nall correspo	ndence concerning this matter	to the following:	
		SIDNEY MENEZES, ESQ		
		CHOI & MENEZES, LLP	Name of Person	
			Firm/Company	<del></del>
		1925 BRICKELL AVENUE	, SUITE D - 205	
		***************************************	Address	
		MIAMI, FL 33129		
		SM@MIAMILAW.US.COM	City/State and Zip Code	
		E-mail address: (t	o be used for future annual report notifi	ication)
For further is	nformation co	oncerning this matter, please ca	sll:	
SIDNEY M			305 856 7338 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for th	e following amount:		
\$25.001	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

· 23

MAPALE FARMS, LLC		AAR BOTT				
	any as it now appears on our records					
	Liability Company)	5 M				
The Articles of Organization for this Limited Liability Company	were filed on AFRIL, 18 2018	in and assigned				
Florida document number L18000096007		F. 54				
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	ility company here:					
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."				
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDRESS)						
Enter new mailing address, if applicable:	2650 Scrubpens Road					
(Mailing address MAY BE A POST OFFICE BOX)	Sebring, Florida 33870					
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, <u>enter</u> <u>e</u> :	the name of the new				
Name of New Registered Agent:						
New Registered Office Address:	Enter Florida street address					
	enter v torida street address					
	, Florida					
	City	Zin 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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
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			□ Change
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ffective date, if other than the can effective date is listed, the date must ote: If the date inserted in this bloocument's effective date on the Department.	ck does not me	et the applicable	te of filing or more t statutory filing red	(option han 90 days after fil quirements, this d	<b>al)</b> ing.) Pursuant ate will not b	to 605.0207 e listed as
e record specifies a delayed The 90th day after the reco	effective da rd is filed.	te, but not ar	effective time	e, at 12:01 a.r	n. on the e	earlier of
SEPTEMBER, 20	,	2018			_	_
	7/	1			SECK	
S	ignature of a me	mber or authorized	representative of a	member		5

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Filing Fee: \$25.00