## 118000185598

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bı	usiness Entity Nar	ne)
(Dc	ocument Number)	
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## COVER LETTER

NET DIST	CARACILO		
SUBJECT:	FARM LLC		
	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ABEL DEL RIO		
		Name of Person	
	DEL RIO FARM LLC		
	<del></del>	Firm/Company	
	22300 SW 207TH AVE		
		Address	
	MIAMI FL 33170		
	MIANTESSIV	City/State and Zip Code	
	ARYCTON	169 @ yyhou.co	$\sim$
	E-mail address: (	to be used for future annual report notifi	ication)
For further information c	oncerning this matter, please ca	all:	
ABEL DEL RIO		813 900-1256	
	of Person	at () Area Code Daytime	Telephone Number
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	C 11		
Enclosed is a check for the		These on Edding Con R	□ \$60.00 Filing Fee,
■_\$25100 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy	Certificate of Status
		(additional copy is enclosed)	Certified Copy (additional copy is enclose
	ING-ADDRESS: ration Section	STREET/COURII Registration Section	
_Divisio	on of Corporations	Division of Corpora	
₹¯₽.Ō. B	ox 6327	Clifton Building	

Tallahassee, FL 32314

Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DEL RIO FARM LLC	Community on appear of the record	<del></del>
(Name of the Limited Liability) (A Florida I.	Company as it now appears on our record limited Liability Company)	5 <del>30</del> J
The Articles of Organization for this Limited Liability Co.	mpany were filed on <u>08/02/2018</u>	and assigned
Florida document number L18000185598	2	•
This amendment is submitted to amend the following:		;
A. If amending name, enter the new name of the limits	ed liability company here:	18 M TI
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		0
<u>Principal office address MUST BE A STREET ADDRE</u>	<u></u>	
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
		- North
B. If amending the registered agent and/or registeregistered agent and/or the new registered office addro		s, enter the name of the
Name of New Registered Agent:		-
New Registered Office Address:		<u>.</u>
	Enter Florida street addre:	S.V.
	FI	orida
	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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ABEL DEL RIO	22300 SE 207 AVE	■ Add
		MIAMI FL 33170	☐ Remove
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Note: If the date in	other than the date of isted, the date must be spenserted in this block doore date on the Department.	es not meet the appl	icable statutory fr	(or more than 90 days ling requirements.	ptional) after filing.) Pursuant to this date will not be	605.0207 : listed as
	ies a delayed effec after the record is	ctive date, but n ; filed.	ot an effective	e time, at 12:0	)1 a.m. on the e	arlier of
he record specif The 90th day						
The 90th day	ТН	2018				
The 90th day  AUGUST 4*	TH	·				
The 90th day  AUGUST 4*	TH  Thy, bet Riv Signal	·		ive of a member		_

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Filing Fee: \$25.00