

L18 DEC 211490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

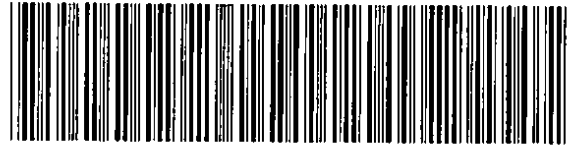
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2023 AUG 23 PM 12:40

RECEIVED  
2023 AUG 23 AM 10:38  
TALLAHASSEE, FLORIDA

2023-1-28  
P. HUNT  
08/23/23

**Sunshine State Corporate Compliance Company**

3458 Lakeshore Drive, Tallahassee, Florida 32312  
(850) 656-4724

DATE 08/23/2023

**\*\*WALK IN\*\***

ENTITY NAME Cabbage Harvesting, LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

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**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$25

ACCOUNT #: I20160000072

*E. R. J. H.*

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Cabbage Harvesting, 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:

Sandra Torres

\_\_\_\_\_  
Name of Person

CPA Tax Solutions, LLC

\_\_\_\_\_  
Firm/Company

500 NW 6th Street

\_\_\_\_\_  
Address

Okeechobee, FL 34972

\_\_\_\_\_  
City/State and Zip Code

sandra@cpataxsolutions.net

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandra Torres

863

357-1099

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Cabbage Harvesting, 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 09/05/2018 and assigned  
Florida document number L18000211490

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)

**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:

New Registered Office Address:

*Enter Florida street address*

*City*

*Florida*

*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>	<u>Type of Action</u>
AMBR	Martha E. Castillo	2693 NW 32nd Avenue	<input type="checkbox"/> Add
		Okeechobee, FL 34972	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Antonio Castillo	2693 NW 32nd Avenue	<input type="checkbox"/> Add
		Okeechobee, FL 34972	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMGR	Antonio Castillo	2693 NW 32nd Avenue	<input checked="" type="checkbox"/> Add
		Okeechobee, FL 34972	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMGR	Raziel A. Castillo	693 NW 21st LN	<input type="checkbox"/> Add
		Okeechobee, FL 34972	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Raziel A. Castillo	693 NW 21st LN	<input checked="" type="checkbox"/> Add
		Okeechobee, FL 34972	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

THE  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2023 AUG 23 PM12:40

09/22/2022

**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.

Dated August 22 2023

27

Signature of a member or authorized representative of a member

Antonio Castillo

Typed or printed name of signee

**Filing Fee: \$25.00**