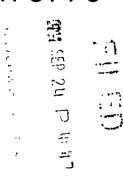
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## **COVER LETTER**

TO:	Registration Se Division of Cor				
cumu	GMS Farm	s LLC			
SUBJE	CI:	Name of Lin	nited Liability Company		
		Amendment and fee(s) are sub	-		
Please r	etum all correspo	ondence concerning this matter	to the following:		
		Giovanni Pedroso			
	Name of Person				
			Firm/Company	· · · · · · · · · · · · · · · · · · ·	別署 550 24
		10342 SW 15th Terrace	Timizeonipan,	•	J.
			Address		- II
		Miami, Florida 33174			ਹਜ਼ਾ _ੀ
		allin1fĭt@aol.com	City/State and Zip Code		
		E-mail address: (	(to be used for future annual report noti	fication)	
For furt	her information c	oncerning this matter, please c	all:		
Giovan	ni Pedroso		786 277-2454		
	Name o	f Person	Area Code Daytim	e Telephone Number	_
Enclose	d is a check for th	ne following amount:			
□ \$25.00 Filing Fee S30,00 Filing Fee & Certificate of Status		□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing I Certificate of Certified Cop (additional copy	Status & y	
	Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co	en Pations	

Clifton Building 2661 Executive Center Circle Tallahassee, F1, 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GMS Farms, LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company	were filed on <u>09/18/2018</u>	and assigned
Florida document number 1.18000221322		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
GMS Family Ranch, LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the	
Enter new principal offices address, if applicable:		N)
(Principal office address MUST BE A STREET ADDRESS)	(same)	
		T.T.
Enter new mailing address, if applicable:		
(Muiling address MAY BE A POST OFFICE BOX)	(0000)	)
Training addition from the state of the stat	(50	
B. If amending the registered agent and/or registered of	fice address on our records, ent	er the name of the new
registered agent and/or the new registered office address here		
Name of New Registered Agent:		
	(car)	
New Registered Office Address:	Enter Florida street address	
	\	
	, Florida	Zin Code
	say.	ray s. raw

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\_being added or removed from our records</u>:

MGR = Manager '

AMBR = A	authorized Member		
<u>Title</u>	Name	Address	Type of Action
			☐ Remove
			☐ Change
			□ Add
			Remove
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ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior the date inserted in this block does not meet the applicament's effective date on the Department of State's records	cable stat	f filing or more t	han 90 days after	o <b>nal)</b> filing. s date	) Pursuant will not t	to 605.02 be listed
record specifies a delayed effective date, but no he 90th day after the record is filed.	ot an ef	fective time	e, at 12:01 a	a.m	on the	earlier
ed September 20th 2018						
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Filing Fee: \$25.00