

LE000228518

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

Spoke to Peter on 10/31/18  
Chg from PA from Esq.

Office Use Only



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O SIMMONS  
OCT 31 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 22, 2018

BRUCE BOTSFORD  
1615 SW 2 AVE  
FT LAUDERDALE, FL 33315

SUBJECT: 20450 FARM LLC  
Ref. Number: L18000228518

We have received your document for 20450 FARM LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons  
Regulatory Specialist III

Letter Number: 318A00021681

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 20450 FARM 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:

BRUCE BOTSFORD

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

BRUCE BOTSFORD P.A.

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

1615 SW 2 AVE

\_\_\_\_\_  
Address

FT LAUDERDALE, FL 33315

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

lazarodinh@gmail.com

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

For further information concerning this matter, please call:

LAZ DINH

786 693-0231  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

20450 FARM 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 09/26/2018 and assigned  
Florida document number L18000228518.

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)**

1314 E LAS OLAS BLVD #1210

FT. LAUDERDALE, FL 33301

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

1314 E LAS OLAS BLVD #1210

FT. LAUDERDALE, FL 33301

**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:

BRUCE BOTSFORD, ESQ

New Registered Office Address:

1615 SW 2 AVE

*Enter Florida street address*

FT. LAUDERDALE

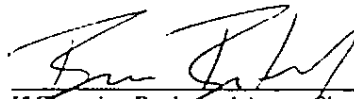
, Florida 33315

*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>	<u>Type of Action</u>
MGR	PEDRO SOLTURA	1109 WISTERIA LN	<input type="checkbox"/> Add
		NAPLES, FL 34105	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DYNASTY PROPERTIES LLC	1314 E LAS OLAS BLVD #1210	<input checked="" type="checkbox"/> Add
		FT. LAUDERDALE, FL 33301	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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10 OCT 31 PM 12:48

18 OCT 31. PM 12:45

**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 \_\_\_\_\_,

Typed or printed name of signee