118000 287698

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COVER LETTER

Registration Section

Division of Corporations

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

TO:

SUBJECT: Arroyo A	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	Francisco Arroyo		<u>. </u>
		Name of Person	
	Arroyo Ag Services		
		Firm/Company	
	PO Box 2322		10000000000000000000000000000000000000
		Address	
	Oneco FL 34264		
		City/State and Zip Code	7
	franciscoarroyo171@yah		
	E-mail address: (to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please ca	all:	
Francisco Arroyo		at (941) 567-9459	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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)
	ING ADDRESS: ration Section	STREET/COURING Registration Section	

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Arroyo Ag Services LLC				
(Name of the Limite	ed Liability Company as (A Florida Limited Liabili	it now appears on our reco ty Company)	ords.)	
The Articles of Organization for this Limited Li Florida document number L18000287698	ability Company were	e filed on 12/14/2018	and assigned	
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liability	company here:		
The new name must be distinguishable and contain the w	ords "Limited Liability Co	ompany," the designation "L	LC" or the abbreviation "L.L.C."	
Enter new principal offices address, if application	able: <u>26</u>	325 33rd Ave Drive	East	_
(Principal office address MUST BE A STREE		adenton, FL 34208		_ -
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		O Box 2322		
		neco FL 34264		<u> </u>
B. If amending the registered agent and/ registered agent and/or the new registered of		address on our reco	rds, enter the name in the	e new
Name of New Registered Agent:	Northwest Re	egistered Agent,		
New Registered Office Address:	7901 4th St N	STE 300 Enter Florida street add	tress	_
	St. Petersbur	g .	Florida 33702	
		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
AMBR	Francisco Arroyo	2625 33rd Ave Drive East	⊠ Add
		Bradenton, FL 34208	Remove
			□ Change
			□ Remove
	,		Change
		D .00	Remove
		ASSEE, FLOR	Z Remove
			Change
			🗆 Add
			Remove
			Change
			🗆 Add
			Remove
			□ Change

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	<u> </u>
ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date	(optional)
te: If the date inserted in this block does not meet the applicable streament's effective date on the Department of State's records.	atutory filing requirements, this date will not be listed
record specifies a delayed effective date, but not an e he 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlier
January 7th 2019	
Fou 65 (D) Hyrold Signature of a member or authorized to	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00