

L190000 37153

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

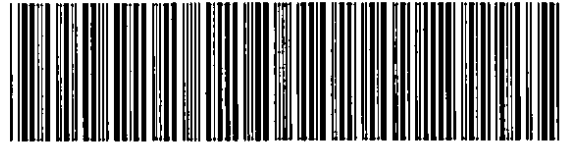
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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6. The following is a list of the names of the persons who have been appointed to the various positions in the organization of the American Society of International Law:

19 SEP 19 AM 3:10
FALLDAVOLT, FLORIDA

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OCT 07 2019

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Southern Roots Farms 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:

Thomas Silva

Name of Person

Firm/Company

100 Edgewater Drive, unit 338

Address

Coral Gables, FL 33133

City/State and Zip Code

thomas@tropicaltradingco.com

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

For further information concerning this matter, please call:

Thomas Silva

305

815-3503

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

Southern Roots Farms, LLC

The Articles of Organization for this Limited Liability Company were filed on February 6, 2019 and assigned Florida document number L19000037153.

Page 1 of 3

- 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>
COO	Duke H Lamm		<input type="checkbox"/> Add
		22420 SW 172 Ct Miami, FL 33170	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

• **D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

I would like to have Duke H Lamm removed from the Authorized Person Detail.

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.

F. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated September 16, 2019

[Signature]

Signature of a member or authorized representative of a member

Thomas Silva

Typed or printed name of signee