

3/25/2019

Division of Corporations

**H190001002023** **256**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H190001002023)))



H190001002023ABCP

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : BALWANT CHEEMA PA  
Account Number : 120140000096  
Phone : (305)698-1321  
Fax Number : (305)675-8496

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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: mercy@balcpa.com

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636116107

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
FARM BROTHERS I LLC**

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

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Help

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03/29/18

(((H19000100202 3)))

**COVER LETTER****TO: Registration Section  
Division of Corporations****SUBJECT: Farm Brothers I, 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:

MERCY PEREZ

Name of Person

BALWANT CHHEEMA CPA

Firm/Company

4160 WEST 16TH AVE SUITE 405

Address

HIALEAH, FL 33012

City/State and Zip Code

mercy@balepa.com

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

For further information concerning this matter, please call:

MERCY PEREZ

305

829-2252 EXT 107

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

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2019 MAR 28 AM 10:50  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301  
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**ARTICLES OF AMENDMENT  
 TO  
 ARTICLES OF ORGANIZATION  
 OF**

Farm Brothers I, 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 02/27/2019 and assigned  
 Florida document number L19000051256.

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)

501 HIALEAH DR

HIALEAH, FL 33010

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

501 HIALEAH DR

HIALEAH, FL 33010

**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

\_\_\_\_\_, Florida

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

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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	STEVEN M. AVILA	501 HIALEAH DR	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		HIALEAH, FL 33010	<input checked="" type="checkbox"/> Change
MGR	JORGE CRUZ GUTIERREZ	501 HIALEAH DR	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		HIALEAH, FL 33010	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 SEC. OF STATE  
 DIV. OF RECORDS  
 101 N. W. 10TH AVE.  
 SUITE 1000  
 MIAMI, FL 33136

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

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SECRETARY STAFF  
2019 MAR 28 AM 10:50  
ITALIA/STAFF

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

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 March 26 2019

*SAH*

Signature of a member or authorized representative of a member

STEVEN M. AVILA

Typed or printed name of signer