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COVER LETTER

TO:		ration Sec n of Corp			
arib icz	Fu	entes Irrig	gation LLC	* •	
SUBJEC	l: <u></u>				
The encl	losed Ar	ticles of A	mendment and fee(s) are sub	mitted for filing.	
Please re	eturn all	correspon	dence concerning this matter	to the following:	
			Jose E. Villatoro Fuente	s	
				Name of Person	
			Fuentes Irrigation LLC		
				Firm/Company	
			8185 Belvedere Rd Apt2	203	
				Address	
			WPB, FL 33411		
			n_sosa@bellsouth.net	City/State and Zip Code	
			E-mail address: (to be used for future annual report r	notification)
For furth	ner infor	mation co	ncerning this matter, please ca	all:	
Jose E.	Villator	ro Fuente	s	561 876-888°	
		Name of	Person	Area Code Day	time Telephone Number
Enclosed	d is a cho	eck for the	following amount:		
≅ \$25.	.00 Filin	g 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Fuentes Irrigation 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 03/11/2019 and assigned Florida document number L19000068535 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Jose E. Villatoro Fuentes Name of New Registered Agent: 8185 Belvedere Rd Apt203 New Registered Office Address: Enter Florida street address

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.

City

West Palm Beach

Joe E. Vellatoro Frente

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>	Name	Address	Type of Action
MGR	Jose E. Villatoro Fuentes	8185 Belvedere Rd Apt203	□Add
		Wpb. FL 33411	
			■ Change
			□Add
			□Remove
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	05/15/2020			
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Filing Fee: \$25.00