## L19000254222

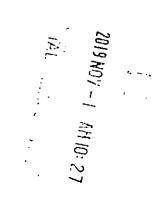
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## **COVER LETTER**

	egistration Se ivision of Cor			
etth trea		rvesting, LLC	gh.	- Partie -
SUBJECT	:	Name of Lin	nited Liability Company	49.18
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		Sandra Torres		
			Name of Person	
		CPA Tax Solutions, LLC		
		·   - =	Firm/Company	
		500 NW 6th Street		
			Address	<del></del>
		Okeechobee, FL 34972		
		sandra@cpataxsolutions.ne	City/State and Zip Code t	
		E-mail address: (	to be used for future annual repor	t notification)
For further	information co	oncerning this matter, please co	all:	
Sandra Tor	res		863 357-109	99
	Name of	Person	at () Area Code D:	aytime Telephone Number
Enclosed is	a check for th	e 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

EL Nano Fiarvesting, LLC.		
( <u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our recor Limited Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability Co Florida document number <u>L19000254222</u>	ompany were filed on 10/09/2019	and assigned
	<u>_</u> :	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLG	C" or the abbreviation "L.I.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	ESS)	
		2015
		1018 NO3
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
		110 2
		~
<ol> <li>If amending the registered agent and/or regist registered agent and/or the new registered office addr</li> </ol>	ered office address on our record ess here:	ls, enter the name of the
·		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre.	sv
		lorida
	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>	Address	Type of Action
MGR	Yajayra E. Castillo	3125 NW 34th Avenue Okeechobee, FL 34972	
			□ Change
•			Add
			□ Remove
			☐ Change
		<del></del>	Add
		□ Remove	
		-	Change
			☐ Remove
			☐ Change
	<del>.</del>		
	<del></del>	□ Remove	
			Change

	·
,	
. Effort	ive date, if other than the date of filing: (optional)
(If an ef Note:	ive date, if other than the date of filing:
f the re b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
	10/29/19
Dated	1/2 / 1/19

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00