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Amend

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ALBRITTON

COVER LETTER

Registration Section Division of Corporations

TO:

JJ NATUR SUBJECT:	AL HARVEST LLC			
SOBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	WELLINGTON ESCALA	NTE		
	11000	Name of Person		
	JJ NATURAL HARVEST	LLC		
		Firm/Company		
	2220 NE 41 AVE			
		Address		
	HOMESTEAD, FL 33033			
		City/State and Zip Code		
	SKLANT_28@HOTMAIL			
	E-mail address: (to be used for future annual report not	fication)	
For further information c	oncerning this matter, please e	all:		
WELLINGTON ESCALANTE		786 572-9178		
Name of Person			ne Telephone Number	
Enclosed is a check for the	ne 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 S Division of C	Section	Street Address: Registration Se Division of Co		
Division of Corporations P.O. Box 6327			The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monro	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JJ NATURAL HARVEST 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 $\frac{03/03/2020}{1}$ and assigned Florida document number L20000070916 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) 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida City

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	WELLINGTON ESCALANTE	2220 NE 41 AVE		
		FIOMESTEAD, FL 33033	■Remove	
			[]Change	
AMBR	WELLINGTON ESCALANTE	2220 NE 41 AVE		
		HOMESTEAD, FL 33033	□Remove	
		 	Change	
AMBR	JULIO CALDERON	2220 NE 41 AVE		
		HOMESTEAD, FL 33033		
			Change	
			iIJAdd	
			□Remove	
			□Change	
			□Add	
			□Remove	
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			Remove	
			□Change	

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Effect	tive date, if other than the date of filing:
lfan ef Note	fective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	ment's effective date on the Department of State's records.
e reco rd is f	rd 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 iled.
	MARCH 17 2020
Dated	
	× ()
	Signature of amounter or authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee