LZ0000151112

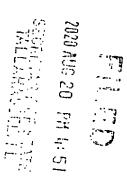
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COVER LETTER

	istration Sec ision of Corp		•	•			
SUBJECT:	Bugatti Fam	ns LLC ·	•	. 0			
SUBJECT		Name of Limited Liability Company					
The enclosed	l Articles of A	Amendment and fee(s) are sub	omitted for filing.				
Please return	all correspor	ndence concerning this matter	to the following:				
		Michael E. Lopez					
			Name of Person	<u> </u>			
		Buggati Farms LLC					
			Firm/Company		,		
		170 S. Lindero St.					
			Address			2	
		Clewiston, FL 33440				2020 AUS	~-;
			City/State and Zip Code			33 20 33 20	6 v meta
		E-mail address:	to be used for future annual report notifi-	cation)	· · · · · ·		
For further in	nformation co	oncerning this matter, please o	all:			-::-	مر ا
Michael E. I	Lopez		786 399-9489 at ()		17.3 6.4	CTI	
	Name of	Person		Telephone Number			
Enclosed is a	check for the	e following amount:					
∀⊉\ \$ 25.00 F	iling Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Statu		

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

Bugatti Farms LLC			
(Name of the Limited Liah (A Flor	ility Company as it now appears on our records.) ida Limited Liability Company)		
The Articles of Organization for this Limited Liability Florida document number 1.20000151112	Company were filed on June 3, 2020	and assig	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company here:		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the a	abbreviation "L.1.	.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADI	DRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or reg	· ——-	the cname so	f the
Name of New Registered Agent:		[S] [N]	
New Registered Office Address:			
	Enter Florida street address	15/3	
	. 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

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	Michael E. Lopez	170 S. Lindero St., Clewiston, FL 3	Add
			☐ Remove
			Change
			Add
			🗖 Remove
			Change
			Add
			Remove
			Change
			Add Add
			Remove
			Add
			Remove
			Change
			□ Add
			□ Remove
			Change.

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
D. If amending any other information, enter change(s) neite. [Antien duamoral sheets, if necessary.]

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20
5
E. Effective date, if other than the date of filing:
f 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 July 6 2020
Signature of a member or authorized representative of a member
Jean Paul Carmenate
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00