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(Re	questor's Name)	
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DEC 0 7 2020 S. YOUNG



# COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Subject:	ta Monica (	Voanic Farm, L	IC
The enclosed Articles of A	mendment and fee(s) are subt	mitted for filing.	
Please return all correspon	dence concerning this matter (	to the following:	
	Jorge L	Perez Name of Person	
		Firm/Company	
	27126 Sa	It Road	
	$\overline{}$	Address	
	Brooksville,	FL 34602 City/State and Zip Code	
	_	City/State and Zip Code	
	E-mail address: (t	o be used for future annual report notif	ication)
For further information co	ncerning this matter, please ca	all:	
Yorlla	na Illum	at (360) 345-13	361
Name of	Person		e Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	S30.00 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

3

Santa Mon (Name of the Limited L	iability Compr	rganic Fainy appears on a	m, LLC	700728
The Articles of Organization for this Limited Liabil Florida document number		were filed on	8   2020	and assigned
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the NA  The new name must be distinguishable and contain the words		_	ntion "II C" or the	abbreviation "LLC"
Enter new principal offices address, if applicable  (Principal office address MUST BE A STREET A	e:	N/A		doloviation E.D.C.
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BO.	<u>V)</u>	N/A		
B. If amending the registered agent and/or registered agent and/or the new registered office address h		address on our record	ls, enter the na	ame of the new registered
Name of New Registered Agent:	NA			
New Registered Office Address:	•	Enter Florida st	rvet address	
-		City	, Florida .	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

**Title** <u>Name</u> Address Type of Action Maria C. Rodriguez 27126 Soult Rd, Brooksville FL134602 \_\_ □Remove Jorge, L'Herez 27126 Sout Rd, Brooksville, FLS \_\_\_\_\_ □Change \_\_\_\_\_ □Remove \_\_\_\_\_ □Adđ \_\_\_\_\_ □Remove \_\_\_\_\_ □Add □Remove

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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f an eff Note:	ive date, if other than the date of filing:
recor d is fi	ed 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 led.
Dated	$\frac{10/16/2020}{100}$
	Signature of a member or authorized representative of a member