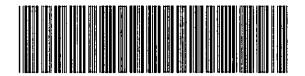
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(Reques	tor's Name)		
(Address	s)		
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PICK-UP] WAIT	MAIL	
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Certified Copies	Certificates of Statu	s	
Special Instructions to Filing Officer:			





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TI PRUCE

COVER LETTER

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

TO:

Division of Corporations		
SUBJECT: LZJ	Farme LLC	
SOBSECT.	Name of Limited Liability Company	
The enclosed Articles of Amendmen	it and fee(s) are submitted for filing.	
Please return all correspondence con	cerning this matter to the following:	
Kon	Name of Person	
	Firm/Company	
	3467 6W 2915T ST Address	
Por	City/State and Zip Code OY SVAKE (D) YA HOD (COM) E-mail address: (to be used for future annual report notification) his matter, please call: at 630, 746-2854 Area Code Daytime Telephone Number	2021 OCT -
For further information concerning t	E-mail address: (to be used for future annual report notification) his matter, please call:	- 1 - 1
Kong Vim	at 630 746-2854 Area Code Daytime Telephone Number	<u>√</u> 5:15
Enclosed is a check for the following		
	(additional copy is enclosed) Certified (e of Status &
Mailing Address: Registration Section	Street Address: Registration Section	
Division of Corporatio	ns Division of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

/29/2020 and assigned
/29/2020 and assigned
ation "LLC" or the abbreviation "L.L.C."
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<u></u>
<u>; (n</u>
ds, <u>enter the name of the new registere</u>
reet address
, Florida
Zip Code

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
M6R	Kong Yim	13467 5w 2918t st Homestead, FL 33033	🗆 Add
	,	Homestead, FL 33033	□Remove
			X Change
MGR	Jimmy Phoong	13467 5W 29187 St Howestead, FL 33033	
	·	Homestead, FL 33033	Remove
			□Change
M6R	Thu Chauh Neang	134678W 291 ST	X Add
r	13467 Sw 291 St Homestead, FL 3303	PROPERTY T	
		Change T	
			Add 5
			□Remove
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Effective date,	if other than the date of is listed, the date must be spec	f filing:	data of filing or more the	(optional)) Pursuant to 605 0207
Note: If the date	is listed, the date must be spece e inserted in this block doe ctive date on the Departme	s not meet the applicab	le statutory filing requ	irements, this date	will not be listed as
document 5 circ	ctive date on the expansion	nt of State 3 records.			
the record specifies	s a delayed effective date, l	out not an effective time	e, at 12:01 a.m. on the	earlier of: (b) Th	ie 90th day after the
cord is med.	/21/21				
Dated	131/61	<u> </u>	. •		
/		>			
	Signatu	re of a member or authori	zed representative of a n	nember	-
	KOME	\	\sim 1		

Filing Fee: \$25.00