

121000170956

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

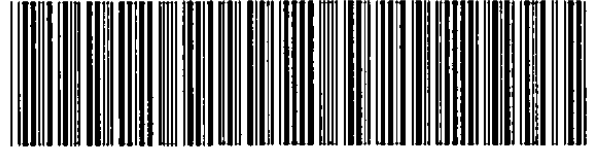
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900372473779

08/30/21--01013--012 \*\*25.6

2021 AUG 30 PM 12:42  
FILED  
TALLAHASSEE  
FL

D PRUCE  
SEP 11 2021

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Monthana Guava Farm, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LEYLA SCAPARONE

\_\_\_\_\_  
Name of Person

JOHN P. MAAS, P.A.

\_\_\_\_\_  
Firm/Company

44 NE 16 STREET

\_\_\_\_\_  
Address

HOMESTEAD, FLORIDA 33030

\_\_\_\_\_  
City/State and Zip Code

MONTHANA.SOR@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LEYLA SCAPARONE

\_\_\_\_\_  
Name of Person

305

at (\_\_\_\_\_) \_\_\_\_\_

Area Code

247-7132

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

RECEIVED  
AUG 30 2021

2021 AUG 30 PM 12:42

FILED

**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>	<u>Address</u>	<u>Type of Action</u>
MGR	MONTHANA SOR, TRUSTEE	815 N HOMESTEAD BLVD #202	<input type="checkbox"/> Add
		HOMESTEAD, FLORIDA 33030	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2021 APR 30 PM 12:42  
TALLAHASSEE, FL

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

Monthana Sor transferred his undivided 50% interest to Monthana Sor, Trustee of the Revocable Living Trust of  
Monthana Sor, dated August 24, 2021.

FILED  
2021 AUG 30 PM 12:42  
CLERK OF COURT  
JULIA A. BROWN

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective 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 (

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If 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 August 24<sup>th</sup>, 2021

*Monthana Sor*

Signature of a member or authorized representative of a member

Monthana Sor

Typed or printed name of signee