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COVER LETTER

TO:

Registration Section Division of Corporations

	Guava Farm, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence 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	A 33030	
		City/State and Zip Code	
	MONTHANA.SOR@GM/		
	E-mail address: (to be used for future annual report notification)	
For further information c	oncerning this matter, please c	all:	202 SC
LEYLA SCAPARONE		305 247-7132 [7]	2021 AUG 31.01 J.
Name o	f Person	Area Code Daytime Telephone Number	. 30
Enclosed is a check for the	he following amount:		PH 12:
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fe Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fe Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fe	atus &
Mailing Addres		Street Address:	
Registration 9 Division of C		Registration Section Division of Corporations	
P.O. Box 632	•	The Centre of Tallahassee	
Tallahassee, l	FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MONTHANA GUAVA FARM, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida I	limited Liability Company)				
The Articles of Organization for this Limited Liability Co Florida document number 1.21000170956	mpany were filed on $\frac{04/13/2021}{1}$	<u>.</u>	and	assign	ied
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ed liability company here:				
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation	n "LLC" or the a	abbreviation	"L.1C	
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRE	<u></u>				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	-				<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	office address on our records,	enter the nai	me of the I	202	
New Registered Office Address:	· 			AUG 30	<u>.</u>
	Enter Florida street	address	5. 201	30	<i>!</i>
	City	Florida	, Zip Coo	<u></u>	j Tar
New Registered Agent's Signature, if changing Registered	•			2†: 2: †2	, FIM
I hereby accept the appointment as registered agent as provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance of my dut ont as provided for in Chapter	ies, and Lam 605, F.S. Or	i familiar r. if this de	with a ocume	md
	If Changing Registered Agent, Sign	ature of New R	legistered A	gent	_

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being a or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MONTHANA SOR, TRUSTEE	815 N HOMESTEAD BLVD #202	
		HOMESTEAD, FLORIDA 33030	□Remove
			□ Add
			□Remove
			□ Change
	·		□Add
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Monthana Sor, dated August 24, 2021.		
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	r :	<u>. 5</u>
		
Tective date, if other than the date of filing: un effective date is listed, the date must be specific and cannot be prior to date of filir	optional) ng or more than 90 days after filing.) P	ursuant to 605
ote: If the date inserted in this block does not meet the applicable statutor ocument's effective date on the Department of State's records.		
beament's effective date on the Department of State's records.		
record specifies a delayed effective date, but not an effective time, at 12:01	a m on the earlier of: (h) The S)∩th day afte
l is filed.	a.m. on the carrier or. (b)	our day are
1		
ated August 24th 2021 Method		
01 16 6		

Filing Fee: \$25.00