

L21 000358143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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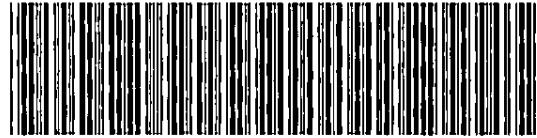
(Business Entity Name)

(Document Number)

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TALAMON, MISSOURI

PRUCE
OCT 23 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dupont Harvest 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:

Maximilino Lemura

Name of Person

Dupont Harvest LLC

Firm/Company

433 Central Avenue, Suite 400

Address

St. Petersburg FL 33701

City/State and Zip Code

maxlemura1@gmail.com

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

For further information concerning this matter, please call:

Maximiliano Lemura at (786) 423-4081
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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2021 OCT 13 AM 10:25
TALLAHASSEE, FL

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Dupont Harvest LLC

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

The Articles of Organization for this Limited Liability Company were filed on 08/09/2021 and assigned Florida document number 121000358143.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

433 Central Avenue

Suite 400

St. Petersburg, Fl. 33701

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

433 Central Avenue

Suite 400

St. Petersburg, FL 33701

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Maximiliano Lemura

New Registered Office Address:

433 Central Avenue, Suite 400

Enter Florida street address

St. Petersburg

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Richard Pence, Jr.	1901 Beach Drive SE	<input type="checkbox"/> Add
		St. Petersburg, FL 33705	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Maximiliano Lemura	433 Central Avenue, Suite 400	<input checked="" type="checkbox"/> Add
		St. Peterburg, FL 33701	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jeffrey Johnson	718 26th Avenue North	<input checked="" type="checkbox"/> Add
		St. Petersburg, FL 33704	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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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.

Dated October 6, 2021.

Maximiliano Lemura

Typed or printed name of signee

Filing Fee: \$25.00