h21000375014

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
(Only Old Cr. Eph. Hone H)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entry Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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2022 JAN 24 AM 7: 35
SECRET/ARY SECRETARY

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COVER LETTER

TO: Registration Se Division of Cor			
	hood Farms USA, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub ondence concerning this matter	•	
	Brian Adamson		
		Name of Person	
	YMP Real Estate Manager	ment, LLC	
		Firm/Company	
4500 N. State Road 7, Suite 100			
		Address	
	Lauderdale Lakes, FL 333	319	
		City/State and Zip Code	
	badamson@ymprealestate.e	com to be used for future annual report notif	ication)
For further information of	oncerning this matter, please c	•	,
Brian Adamson		305 685-8059	
Name o	f Person		Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

FILED

OF

2022 JAN 24 AM 7: 35

Neighbourhood Farms USA, LLC

SECRETARY OF STATE TALLAHAS (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 August 20, 2021 Florida document number ______L21000375014 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Neighborhood Farms USA, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Brian Adamson Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

_, Florida __

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
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fectiv	re date, if other than the date of filing: February 1, 2022 (optional)
n effe ete: l	ctive 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 605.020 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	nt's effective date on the Department of State's records.
ecord is file	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
13 1110	1/10/2022
ted	DocuSigned by:
_	DocuSigned by:
	BD48F6E188DC4FA
	Signature of a member or authorized representative of a member
	Moshe Popack
	Typed or printed name of signee

Filing Fee: \$25.00