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TO: Registration S Division of Co			•	•	
	CULTURAL PRODUCTION	LLC		•	
SUBJECT:	•				
	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspondence	ondence concerning this matter	to the following:			
	ALEJANDRO PEREZ, JR				
		Name of Person			
		Firm/Company			
	14300 SW 194TH AVE.				
	·	Address			
	MIAMI, FL 33196			SEC SEC	}
	ALEX@GRACEGROUPIN	City/State and Zip Code UTL.COM		SECRETAR' TALLAHA	
	E-mail address: (to be used for future annual report noti-	lication)	°s-₹	
For further information of	concerning this matter, please c	all:		בר וידויי)	: 1
ALEJANDRO PEREZ	IR.	305 562-2469		STATE E. FL.	•
Name o	of Person	at () Area Code Daytim	e Telephone Number)
Enclosed is a check for t	he following amount:				
\$2,\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ie of Status &	
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Sec	ction		
Division of C	Corporations	Division of Cor	porations		
P.O. Box 632	27	The Centre of T	affahassee		

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

APM AGRICULTURAL PRODUCTION LLC		
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our reco ed Liability Company)	ord <u>s.</u>)
The Articles of Organization for this Limited Liability Compa Florida document number L21000383503	any were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "L	LC" or the abbreviation "L.L.C."
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)		FILED AN 8: 4 CORETARY OF STATE TALLAHASSEE, FL
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ee address on our records, <u>ent</u>	er the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addi	ress
		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 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>	Type of Action
MMBR	ALEJANDRO PEREZ, JR.	14300 SW 194TH AVE., MIAMI, FL 33196	□Add
			□Remove
MMBR	CDACCLOUN	TO SWITTEN WELL ALLAND TO VILVO	X Change
——————————————————————————————————————	GRACE LOHN	79 SW 12TH ST., #3503, MIAMI, FL 33130	X1.dd
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Effective date, if other than the fan effective date is listed, the date mus Note: If the date inserted in this blocument's effective date on the Defective date on the Defective date.	it be specific and cannot be prock does not meet the app	nor to date of filing or i dicable statutory fili	(option one than 90 days after fing requirements, this o	ling.) Pursuant	to 605.0207 (pe listed as t
e record specifies a delayed effective d is filed.	e date, but not an effective	e time, at 12:01 a.m.	on the earlier of: (b)	The 90th da	y after the
Dated July 21	2022				
	ORIA	9			

Filing Fee: \$25.00