121 000516379

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	¥)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
	J. HORNE	
	JOF 5 5 5055	
		71/11

Office Use Only



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2022 JUL 11 AH II: S

SECRETARY OF SHE

RECEIVED



2022 JUL 11 PM 12: 32 STATE SKENETTE TALLARIA ISCELFE

Letter Number: 822A00014601

Division of Corporations

June 28, 2022

JORGE LUIS BLANCO FONSECA 200 SW 61ST AVE MIAMI, FL 33144 US

SUBJECT: GOOD FARM LLC Ref. Number: L21000516379

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by a member or an authorized representative of a member.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT:	Good F	ARM LLC	
30B3CC1,		ited Liability Company	
The enclosed Articles of Am	endment and fee(s) are sub-	mitted for filing.	
Please return all corresponde	nce concerning this matter	to the following:	
	Jorge	Luis Blanco To	7)8(4
	3	Name of Person	
		Firm/Company	
	200 SW 61	Address	
		Address	
	HIAMC J	Florida 27144	
		City/State and Zip Code	·
_	Jb_ 700	sect O outlook com	
		o be used for future annual report notif	ication)
For further information cone	erning this matter, please ca	dl:	
Jorge Luis Bla	inco Fonseca	at (<u>281)</u> 9396 Area Code Daytime	717
Name of Per	son	Area Code Daytimo	Telephone Number
Enclosed is a check for the fo	,		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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 El 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 910

ARTICLES OF AMENDMENT 2022 JUL 11 AH 11: 31 OF

	GOOD FARM LLC
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
	oility Company were filed on $\frac{12/0.7/2021}{}$ and assigned
Florida document number <u>L21000 516</u>	<u>379</u> .
This amendment is submitted to amend the follow	ring:
A. If amending name, enter the new name of the	he limited liability company here:
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	de:
(Principal office address MUST BE A STREET.	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>
B. If amending the registered agent and/or registered affice address by	istered office address on our records, <u>enter the name of the new registere</u> here:
Name of New Registered Agent:	Jorge Luis Blanco Fonseca 200 sw 61st AV
New Registered Office Address:	ZOO SW 61 ^{S1} PV Enter Florida street address
	MIAME Florida 33144 City Zip Code
	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>	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			Change
			□Add
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4	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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note:	we date, if other than the date of filing:
e record rd 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 ed.
Dated _	Signature of a member or authorized representative of a member
	Joye Blanco
	Signature of a member or authorized representative of a member
	Torge Blanco Typed or printed name of signee

Filing Fee: \$25.00