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## **COVER LETTER**

TO:	Registration Se Division of Cor			
	Fabello LLC	•		
SUBJ	ECT:	Nume of Lim	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Milton Lopes Fontoura Ne	to	
		Fabello LLC	Name of Person	
		21940 NW 54TH CRT RD	Firm/Company	
		Micanopy, FL 32667-7943	Address	
		miltonlopes01@gmail.com	City/State and Zip Code to be used for future annual report noti	fication)
For fu	rther information co	oncerning this matter, please c	•	
Milton	Lopes Fontoura N	leto .	352 888-2705	
	Name of	Person	at () Area Code Daytim	e Telephone Number
Enclos	sed is a check for th	ne following amount:		
<b>⊠</b> \$2	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	<u>s:</u>	Street Address:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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 **OF**

FILED 2022 MAY 10 PM 1:12

C . . .

Fabello LLC	TALLAHASSEF FE				
(Name of the Limited Liability (A Florida)	y Company as it now appears on our records Limited Liability Company)	.)			
he Articles of Organization for this Limited Liability Colorida document number	ompany were filed on 12/21/2021	and assigned			
nis amendment is submitted to amend the following:					
. If amending name, enter the new name of the limit	ted liability company here:				
ortuna Farms LLC					
ne new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC"	or the abbreviation "L.L.C."			
inter new principal offices address, if applicable:					
Principal office address MUST BE A STREET ADDRI	· · · · · · · · · · · · · · · · · ·				
······································					
nter new mailing address, if applicable:					
Mailing address MAY BE A POST OFFICE BOX)					
. If amending the registered agent and/or registered gent and/or the new registered office address here:	office address on our records, enter t	he name of the new regist			
Name of New Registered Agent:	<del></del>				
New Registered Office Address:					
How Registered Office Address.	Enter Florida street address				
	Flo	rida			
	City , F10	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> AMBR	Name Julianne Lopes Fontoura	Address 21940 NW 54th Court Rd	Type of Action
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an effective date is listed, the date mus	st be specific and car	nnot be prior to	date of filing o	r more than 90	lays after fil	ling.) Pur	suant to (	505.020
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