## L22000172475

(Req	juestor's Name)	
(Add	iress)	
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(City	/State/Zip/Phone	e #)
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(Doc	cument Number)	
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## COVER LETTER

	ision of Cor			
sup mem		ty Farms LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Alejandro Ramirez		
			Name of Person	
		Railroad City Farms		
			Firm/Company	
		3420 Pittman Rd		
			Address	
		Dover, FL 33527		
			City/State and Zip Code	
		Cail Coado E-mail address: (	to be used for future annual report no lification)	2022 AUS
For further in	nformation c	oncerning this matter, please of	all:	1 co
Erika Ramire	ez.		813 758-1321 at ( )	, TO
	Name o	f Person	Area Code Daytime Telephone Number	1. <del>1.</del> 12.
Enclosed is a	check for th	ne following amount:		
□ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	<ul> <li>         ∑ \$55.00 Filing Fee &amp; □ \$60.00 Filing         Certified Copy         (additional copy is enclosed)</li></ul>	of Status & py
	ling Addres		Street Address: Registration Section	
Div	rision of C	orporations	Division of Corporations	
	), Box 632 Iahassee, I		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303



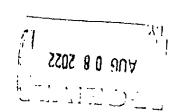
## FLORIDA DEPARTMENT OF STATE Division of Corporations

July 26, 2022

ALEJANDRO RAMIREZ 3420 PITTMAN ROAD DOVER, FL 33527

SUBJECT: RAILROAD CITY FARMS LLC

Ref. Number: L22000172475



We have received your document for RAILROAD CITY FARMS LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

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.

Tekayla T Matthews OPS

Letter Number: 522A00016655

www.sunbiz.org

TO DOY COOK WILL BY 11 COOK

## ARTICLES OF AMENDMENT' TO ARTICLES OF ORGANIZATION OF

Railroad City Farms LLC

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

	• • •	<u> </u>
The Articles of Organization for this Limited L	iability Company were filed on 4/11/2022	_
Florida document number L22000172475	<u></u> .	, , , <b>, ,</b> ,
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of	f the limited liability company here:	
The new name must be distinguishable and contain the w	vords "Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
	<del></del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE)	BOX)	
Training data to Mill BE IT TO STOLL TO		
B. If amending the registered agent and/or ragent and/or the new registered office addres	registered office address on our records, <u>enter th</u>	e name of the new register
agent and/or the new registered office address	ss nere.	
Name of New Registered Agent:		
New Registered Office Address:		
New registered office Address.	Enter Florida street address	
	, Flori	ida 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>	Name	<u>Address</u>	Type of Action
9 MGRM	Martin Ramirez	1103 Powell Street	■Add
		Plant City, FL 33563	□Remove
MGRM Alejandro Ramirez	Alejandro Ramirez	3420 Pittman Road	[] Add
		Dover, FL 33527	□Remove
			<b>■</b> Change
			□Add
			□Remove
			□Change
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change

. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
FYI- Alejandro title is changing to MGRM also	
Thank you for your help.	-
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Effective date, if other than the date of filing:  (If an effective 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 60 Note:  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records.	05.0207 (3 sted as th
he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aftord is filed.	er the
Dated August 03 . 2022 .	
Signature of a member or authorized representative of a member	
Aleyandra Raminez  Typed or printed name of signer	

Eiling Foo: \$25 06