## Florida Department of State Division of Corporations

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Division of Corporations

Fax Number : (850)617-6383

From:

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2022 23 12

Account Name : PAUL SALVER, P.A. Account Number : 120020000087 Phone : (954)389-1333 Fax Number : (954)389-1397

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **GRAINS & SEEDS LLC**

Certificate of Status	0
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Page Count	04
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Help

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GRAINS & SEEDS LLC		<del></del>	
(Name of the Limited Liabil) (A Florid	ty Company as it now appears on our records.) a Limited Liability Company)		
The Articles of Organization for this Limited Liability C		and assigned	
Florida document number L22000372610			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company here:		
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the designation "LLC" or the ab	breviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD.	RESSI		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		,	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, enter the num	ne of the new registered 2022	
		2 <b>X</b>	
Name of New Registered Agent:		<u> </u>	
New Registered Office Address:		<u></u>	늗
new rogateon (Affet Francis).	Enter Florida street address		E) (5)
	Florida	· · · · · · · · · · · · · · · · · · ·	
<del></del> -	City	Zip Code	
New Registered Agent's Signature, if changing Register	ed Agent:	<b>52</b>	
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe, company has been notified in writing of this change	complete performance of my duttes, and I ampagent as provided for in Chapter 605. F.S. Or red office address, I hereby confirm that the li	jamiliar with and if this document is mited liability	
	If Changing Registered Agent, Signature of New Ri	egistered Agent	

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## 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
MBR	IACOBELLIS, LEONARDO	2721 EXECUTIVE PARK DRIVE, SUITE 4	□Add
		WESTON-FLORIDA 33331	⊟Remove
			Change
MBR	GIMENEZ, GABRIEL	2721 BXBCUTIVE PARK DRIVE, SUITE 4	□ Add
	- 1	WESTON-FLORIDA 39331	■ Remove
			Change
MOR	SOUTH FARMS LLC	2721 EXECUTIVE PARK DRIVE, SUITE 4	🗏 Add
		WESTON, FL 33331	□ Remove
			🗆 Change
			DAdd
			□Remove
			( Change
			DAdd
			Пстоус
			🗆 Change
			□ Add
			Remove
			Change

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[f amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Matai	ve date, if other than the date of filing:
e recor	d 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	October 21 , 2022 .
	1-1-
	Signature of a member or authorized representative of a member
	Leonardo Incobellis
	Typed or printed name of signeo

Filing Fee: \$25.00