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SECRETARY OF STATE
TALLAHASSEE

## **COVER LETTER**

	Registration Se Division of Cor			
SUBJEC	UNIVERS	AL PALM TREE FARM, LLC	•	·
SUBJEC	, I i	Name of Lin	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		IVAN CARO		
			Name of Person	
		UNIVERSAL PALM TRI	SE FARM, LLC.	
			Firm-Company	<u>-</u>
		7880 COCONUT BLVD		
			Address	
		WEST PALM BEACH, F	. 33412	
			City/State and Zip Code	<del>, .</del>
		icefi333@gmail.com	to be used for future annual report notifi	
For furthe	er information c	oncerning this matter, please e	·	(Carlon)
IVAN C	ARO		305 968-3736	
	Name o	f Person		Telephone Number
Enclosed	is a check for th	ne following amount:		
□ \$25.0	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed)
] [ ]	Mailing Addres Registration S Division of C P.O. Box 632 Fallahassee, F	Section orporations 7	Street Address: Registration Sectorial Division of Corp The Centre of Ta	orations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UNIVERSAL PALM TREE FARM, LLC. (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 08/31/2022 and assigned Florida document number <u>L22000383364</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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>	Address	Type of Action
MGR	INGRID CARO	7880 COCONUT BLVD	<b>=</b> Add
		WEST PALM BEACH, FL 33412	_
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Filing Fee: \$25.00