

8/1/24, 12:55 PM

Division of Corporations

H240002594473

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : MORISON TAX TEAM LLC
Account Number : 126200000187
Phone : (786) 757-2436
Fax Number : (786) 513-5977

##Enter the email address for this business entity to be used for future annual report notifications. Enter only one email address please.##

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AGROWEST.LLC

Certificate of Status	0
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Corporate Filing Menu

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COVER LETTER**H240002594473****TO: Registration Section
Division of Corporations****SUBJECT: AGROWEST LLC**_____
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JESUS LEON_____
Name of Person**SACONSA GROUP LLC**_____
Firm/Company**3625 NW 82 Avenue Suite 100-K**_____
Address**DORAL, FL 33166**_____
City/State and Zip Code**JESUSLEONTERAN@GMAIL.COM**_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JESUS LEON**786****7572436**

at (_____) _____

Name of Person_____
Area Code_____
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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:**
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**STREET/COURIER ADDRESS:**
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301**H240002594473**

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

H240002594473

AGROWEST 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 09/27/2022 and assigned
Florida document number L22000418790.

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:

3625 nw 82 ave suite 318

(Principal office address MUST BE A STREET ADDRESS)

doral fl us33166

Enter new mailing address, if applicable:

3625 nw 82 ave suite 318

(Mailing address MAY BE A POST OFFICE BOX)

doral fl us33166

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:

Velasco Fernández, Gerardo J

New Registered Office Address:

3625 nw 82 ave suite 318 doral fl us33166

Enter Florida street address

City Florida

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

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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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MNG	DIAB, ANA	1132 NW 39th St	<input type="checkbox"/> Add
		Miami, FL 33127	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	VELASCO, GERARDO A	3625 nw 82 ave suite 318	<input type="checkbox"/> Add
		doral fl us33166	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	VELASCO, GERARDO J	3625 nw 82 ave suite 318	<input type="checkbox"/> Add
		doral fl us33166	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: _____ (optional)


(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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated JULY 31, 2024



Signature of a member or authorized representative of a member

GERARDO JOSE VELASCO

Typed or printed name of signee

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Filing Fee: \$25.00

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