## L23000042396

(Requestor's Name)
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PICK-UP WAIT MAIL
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<b>,</b> , ,,
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## **COVER LETTER**

TO:	Registration S Division of Co				
	JOHN'S TI	ROPICAL FRUIT FARM LLC			
SUBJ	ECT:				
		Name of Lin	nited Liability Company		
The en	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
		John Tran			
			Name of Person		
		JOHN'S TROPICAL FRU	TFFARM LLC		
		15217 LAS OLAS PL	Firm/Company		
		BRADENTON, FL 34212	Address		
		tran8749@gmail.com	City/State and Zip Code		
			to be used for future annual repo	rt notification)	
		oncerning this matter, please ca			
Tung T	`ran		859 475-28	84	
	Name o	f Person	at () Area Code [	Paytime Telephone Number	
Enclose	ed is a check for th	ne following amount:			
<b>■</b> \$2:	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certified C	of Status &

Mailing Address:

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FI. 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JOHN'S TROPICAL FRUIT FAR	M LLC		
(Name of the Lim	ited Liability Comp	pany as it now appears on our re I Liability Company)	ecords )
The Articles of Organization for this Limited I L23000042396	.iability Compan		and assigned
this amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited lia	bility company here:	
he new name must be distinguishable and contain the	words "Limited Liał	bility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
Principal office address MUST BE A STRE	ET ADDRESS)		<del></del>
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE</u>	<u> BOX)</u>	5910 POST BLVD #11068 BRADENTON, FL 34211	
3. If amending the registered agent and/or gent and/or the new registered office addre	ess here:	address on our records, <u>e</u>	nter the name of the new registo
Name of New Registered Agent:	Tung Tran		
New Registered Office Address:	15217 LAS O		
		Enter Florida street a	ddress
	Bradenton		_, <b>Florida</b>
		Cip:	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

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> MGR	Name TRAN, TUNG	<u>Address</u> 15217 LAS OLAS PL	Type of Action
			∃Add
		Bradenton, FL, 34212	
			□Change
MGR	TRAN, JOHN T	15247 LAS OLAS PL	
		Bradenton, FL, 34212	
		<del></del>	<b>≡</b> Remove
			□Change
		<del></del>	
		<del></del>	□Remove
			□Change
			□Change
		<del></del>	□Add
			□Remove
			□ Change
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F Effective	4/19/2023  date, if other than the date of filing:  (optional)
<u>Note:</u> If	date, if other than the date of filing:
If the record s record is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	ril 19 2023
Dated	Clust.
	Signature of a member or authorized representative of a member
	Tohn Tran
	Typed or printed name of signee