

L23000265143

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : INC AUTHORITY, LLC
Account Number : I20240000004
Phone : (775)329-7721
Fax Number : (775)376-9207

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

Email Address: JaFarm29@yahoo.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
JAFARM, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

K. SALY

JUL 22 2024

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2024 JUL 19 AM 3:16
FALLAHL@STATE.FL

RECEIVED
15:11 PM 61 JUL 19 2024
DIVISION OF CORPORATIONS
STATE OF FLORIDA
TALLAHASSEE

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

JAFARM, LLC

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

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2024 JUL 19 AM 3:48
TALLAHASSEE FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 05/31/23 and assigned
Florida document number L23000265143.

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:

18680 NE 2Nd Ave

(Principal office address MUST BE A STREET ADDRESS)

Miami, FL 33179

Enter new mailing address, if applicable:

18680 NE 2Nd Ave

(Mailing address MAY BE A POST OFFICE BOX)

Miami, FL 33179

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

Florida

City

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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