

LC4 000034554

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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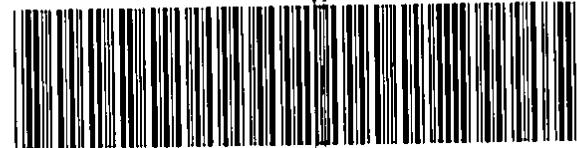
(Business Entity Name)

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FALLAHASSEE, FL  
A. HUNT  
C 7/6/2011

**FLORIDA CAPITAL COURIER SERVICES, INC**

2330 CLARE DR

TALLAHASSEE, FL 32309

(850) 491-9625 Brandon

(850) 524-5437 Teresa

(850) 524-6243 Rich

**Please use funds from account: I20210000160: \$25.00****Authorization Signature:** John Galt**Business Name:** AGROCAUCHOS TUREN LLC**Document #** L24000034554 Certified Copy Certificate of Status**NEW FILINGS****&****AMENDMENTS** Profit Corp Amendment Not for Profit Resignation / Dissociation Limited Liability Change of Registered Agent Domestication Revocation of Dissolution LLLP Merger Corp Articles of Conversion Inc Amended & Restated Articles of Incorporation Other Statement of Authority**APOSTILLE(s)****&****OTHER FILINGS** Apostille(s) Foreign Filing Country(s) Reinstatement Qualification Fictitious Name Annual Report

EXAMINER'S INITIALS: \_\_\_\_\_

2021-07-05 AM 8:43

FLORIDA STATE  
AGENCY, FL

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AGROCAUCHOS TUREN 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:

Armando Neda

Name of Person

Arm Consulting & CO Inc

Firm/Company

3475 Sheridan ST Suite 313

Address

Hollywood, FL 33021

City/State and Zip Code

armconsulting@ymail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Armando Neda	at	954	623-8800
Name of Person	Area Code	Daytime Telephone Number	

Enclosed is a check for the following amount:

\$25.00 Filing Fee       \$50.00 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 Address:  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

AGROCAUCHOS TUREN 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 01/17/2024 and assigned Florida document number 124000034554.

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*

\_\_\_\_\_

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

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>
AMBR	Genesis V Jimenez Sivira	11129 W 33RD CT HIALEAH, FL 33018	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	Sanyembert Jimenez Sivira	11129 W 33RD CT HIALEAH, FL 33018	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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

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

Effective date, if other than the date of filing: \_\_\_\_\_  
(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 May 06 2024

Santos Jimenez Sivite

Signature of a member or authorised representative of a member

SANTOS JIMÉNEZ SIVIRA

Typed or printed name of signer

**Filing Fee: \$25.00**