

L24 000034554

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

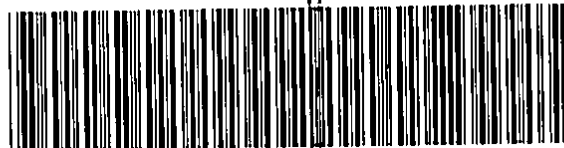
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



400429193954

STATE
SEEE, FL

2024 MAY -6 AM 8:43

RECEIVED
2024 MAY -6 PM 4:50
TALLAHASSEE, FLORIDA

W. HUNT
C 7/6/24

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: *Jason Galt*

Business Name: AGROCAUCHOS TUREN LLC

Document # L24000034554

☐ Certified Copy

☐ Certificate of Status

NEW FILINGS

&

AMENDMENTS

☐ Profit Corp

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☐ LLLP

☐ Corp

☐ Inc

☐ Other

☒ **Amendment**

☐ Resignation / Dissociation

☐ Change of Registered Agent

☐ Revocation of Dissolution

☐ Merger

☐ Articles of Conversion

☐ Amended & Restated Articles of Incorporation

☐ Statement of Authority

APOSTILLE(s)

&

OTHER FILINGS

☐ Apostille(s)

☐ Country(s)

☐ Foreign Filing

☐ Reinstatement

☐ Qualification

☐ Fictitious Name

☐ Annual Report

EXAMINER'S INITIALS: _____

2021-06-08 AM 8:43
FLORIDA STATE
TALLAHASSEE, FL
RECEIVED

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 Noda

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 Noda

954

623-8800

at

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

FILED
TALLAHASSEE, FL
JAN 11 2006
9:25 AM 8:43

**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 Sivila	11129 W 33RD CT	<input checked="" type="checkbox"/> Add
		HIEALEAH, FL 33018	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Sanyembert Jimenez Sivila	11129 W 33RD CT	<input checked="" type="checkbox"/> Add
		HIEALEAH, FL 33018	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FLORIDA
REAL ESTATE
COMMISSION
JAN 8 2013

STATE OF FLORIDA
TALLAHASSEE, FL

APR 8: 43

۱۰۰

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.

Dated May 16 2024

Signature of a member or authorized representative of a member

Typed or printed name of signer

Filing Fee: \$25.00