Florida Department of

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000075444 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : AVA FINANCIAL CONSULTANTS INC

Account Number: 120170000094 : (954)842-1979 Phone Fax Number : (954)905-4315

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

Email Address: AMINO CHER @ GMAIL. COM

C AMND/RESTATE/CORRECT OR M/MG RESIGN -

DESHI FARM LLC		
Certificate of Status	0	
Certified Copy	0	
Page Count	04	
Estimated Charge	\$25.00	

COVER LETTER

H240000754443

TO: Registration Sec Division of Corp	tion . corations c
DESHI FAF	LM LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of a	Amendment and fec(s) are submitted for filing.
Please return all correspon	ndence concerning this matter to the following:
	MOHAMMED N. HAQUE
	Nume of Person
	DESHI FARM LLC
•	Firm/Company
	1018 ASPRI WAY
	Address
	RIVERA BEACH, FL 33418
	City/State and Zip Code
	AMINOCHER@GMAIL.COM E-mail address: (to be used for future armual report notification)
	oncerning this matter, please call:
	007 6221
MOHAMMED N. HAQ	at (
Name o	f Person Area Code Daytine Telephone Founda
Enclosed is a check for t	
■ \$25.00 Filing Fee	□ \$30.00 Filing Pee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is caclosed)

Malling 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

H240000754443

2/4

DESHI FARM LLC				
(Name of the Limit	ed Liability Compa (A Florida Limited I	ny as it now appears on our records.) liability Company)		
he Articles of Organization for this Limited L lorida document number L24000083086	iability Company	were filed on FEB 15, 2024	and assigned	
his amendment is submitted to amend the foll	owing:		•	
. If amending name, enter the new name o	f the limited liab	ility company here:		
XT/				
N/A he new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation "LLC" or the ab	breviation 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)		10335 HWY 710		
		OKEECHOBEE FL 34974		
		N/A		
B. If amending the registered agent and/or agent and/or the new registered office address.	registered office ss here:	address on our records, enter the nan	ne of the new register	
Name of New Registored Agent:	N/A			
New Registered Office Address:	N/A	Enter Florida street address	· · · · · · · · · · · · · · · · · · ·	
	N/A	, Florida	Zip Code	
New Registered Agent's Signature, if changing	Registered Agent	•	§: 17	

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: H240000754443

			· ·
MGR = M AMBR = A	anager uthorized Member	•	3/4
<u>Title</u>	<u>Name</u>	Address	Type of Action
	N/A	N/A	□Add
			Remove.
			□Change
			🗂 Add
			□Remove
			Change
			□Add
			Remove
			☐ Change
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H240000754443

N/A	on, enter change(s) here: (Attach additional sheets, if necessary.)	,
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	date of filing: (optional)	
fective date, if other than the c	that of the private data of filing or more than 90 days after filing.) Pursus	ant to 605.0207
late. If the date inserted in this blo-	ock does not meet me applicable statutory tiling requirements, the	ot be listed as
ocument's effective date on the De	spartment of State's records.	
	and the second second	day after the
record specifies a delayed effective	e date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th	day affer the
l is filed.	•	
PPD711D1/0/	2024	
FEBRUARY 26		
NIM	Signature of a member or authorized representative of a member	
	Dignature of a member of authorized representative of a member	
монаммеd N. наQ	DUE	
MOIMMED A. INC	Typed or printed name of signee	

Filing Fee: \$25.00