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VIA

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

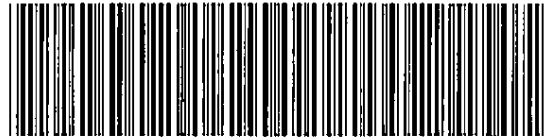
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2024 SEP 14 PM 4:59
FALL HAVEN, VT
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Terra harvest farms 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:

Mariana Morais

Name of Person

Terra harvest farms

Firm/Company

987 shetland ave

Address

Winter springs, FL 32708

City/State and Zip Code

Mariana.morais01@hotmail.com

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

For further information concerning this matter, please call:

Mariana morais

Name of Person

at (757)

Area Code

310-7000

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 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**

TERRA HARVEST FARMS 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 March 1, 2024 and assigned Florida document number L24000107343.

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: EDGARD PAREDES

New Registered Office Address: 4101 SW 73RD AVE
Enter Florida street address

MIAMI, Florida 33155
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


<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	MARIANA MORAIS	987 SHETLAND AVE	<input type="checkbox"/> Add
		WINTER SPRINGS, FL 32708	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	MEMPIRE HOLDINGS LLC	4101 SW 73RD AVE	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33155	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	JOSHUA TABIBZADEH	987 SHETLAND AVE	<input checked="" type="checkbox"/> Add
		WINTER SPRINGS, FL 32708	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

[illegible]

(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)

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.

September 12th, 2024



Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00