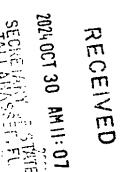
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| . <u></u> | (Bu | usiness Entity Nar | me) |
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| | d Copies | Certificate | s of Status |
| Speci | al Instructions to | Filing Officer | |
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10/30/24--01003--019 **25.00



COVER LETTER

| TO: Registration Se Division of Cor | | | |
|--|--|---|--|
| FARMARI | | | |
| SUBJECT: | | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | FRANCISCO MATHEUS | | |
| | | Name of Person | |
| | FARMARIAN LLC | | |
| | | Firm/Company | |
| | 1530 SW 109TH AVE AP | Т 107 | |
| | - | Address | |
| | PEMBROKE PINES, FL. | 33025 | |
| | | City/State and Zip Code | |
| | USTUEMPRESA@GMAII | | |
| For further information of | rmail address: (concerning this matter, please c | to be used for future annual report noti | (Healton) |
| FRANCISCO MATHEU | | 305 5606166 | |
| Name o | of Person | at () Area Code Daytim | ne Telephone Number |
| Enclosed is a check for the | he 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: | | <u>Street Address:</u> Registration Se | etion |
| Division of C | | Division of Cor | |
| P.O. Box 632 | • | The Centre of T | |
| Tallahassee. | F1, 32314 | | e Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | | | | Zip Code |
|--|---------------------------|--------------------------------|---------------------------|-----------------------|
| | HALLANDAL | E BEACH | , Florida <u>3</u> | 3009 |
| | | Enter Florid | a street address | |
| New Registered Office Address: | 121 N DIXIE E | HWY | | |
| Name of New Registered Agent: | EDYMAR MO | DLINA | | ر |
| | | | | .∷ |
| ent and/or the new registered office addre | | audress on our rec | orus, <u>emer the nai</u> | ne or the new regis |
| . If amending the registered agent and/or i | rogistored office | addrace on our roo | ande anton the nee | |
| | | NA | | |
| Mailing address MAY BE A POST OFFICE BOX) | | NA | | <u>:</u> |
| nter new mailing address, if applicable: | | NA | | <u></u> |
| | | | | |
| <u> Principal office address MUST BE A STREET ADDRES</u> | | NA | | · |
| nter new principal offices address, if applicable: | | NA | | <u>.</u> |
| | | NA | | |
| A e new name must be distinguishable and contain the v | vords "Limited Liabi | lity Company," the des | ignation "LLC" or the : | abbreviation "L.L.C." |
| . If amending name, <u>enter the new name o</u> | <u>i the limited liab</u> | onny company here | <u>e</u> : | |
| | Ü | 1814 | | |
| nis amendment is submitted to amend the foll | | | | |
| orida document number 1.24000174530 | | | | |
| ne Articles of Organization for this Limited L | iability Company | were filed on <u>04/11</u> | 2/2024 | and assigned |
| | TA Florida Limited | Liability Company) | | |
| (ame or the raini | ten islamics compa | in <u>y as it now app</u> ears | on our records. | |

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.

Cdymar Molina
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> | Address | Type of Action |
|--------------|-------------------|----------------------------|----------------|
| MGR | FRANCISCO MATHEUS | 1530 SW 109TH AVE APT 107 | □Add |
| | | PEMBROKE PINES, FL 33025 | ■Remove |
| | | | □Change |
| MGR | EMMAR RAMIREZ | 1530 SW 109TH AVE APT 107 | |
| | | PEMBROKE PINES, FL 33025 | ■Remove |
| | | | □Change |
| MGR | EDYMAR MOLINA | 121 N DIXIE HWY | ≘ Add |
| | | HALLANDALE BEACH, FL 33009 | □Remove |
| | | | □Change |
| NA | NA | NA | □Add |
| | | | □Remove |
| | | | Change |
| NA | NA | NA | □Add |
| | | | □Remove |
| | | | □Change |
| NA | NA | NA | □Add |
| | | | □Remove |
| | | | □Change |

| Francisco Matteus Signature of a member of authorized representative of a member Francisco Matteus Franci | NA | | |
|--|---|---|--|
| ffective date, if other than the date of filing: 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 605.020 off: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a occument's effective date on the Department of State's records. The effective date are delayed effective date, but not an effective time, at 12:01 a.m., on the earlier of: (b) The 90th day after the list filed. The effective date of a member of authorized representative of a member. | | | |
| Tective date, if other than the date of filing: 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 605.020 offe; If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a occument's effective date on the Department of State's records. Tecord 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 is filed. Add OCTOBER 29 2024 Francisco Matheus Signature of a member or authorized representative of a member | | | |
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