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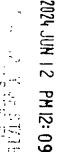
(Requestor's Name)				
(Address)					
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT ☐ MAIL				
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	Document Number)				
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08/12/24--01018--015 **25.00



FILED 2024 JUN 12 PM 12: 09

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

The LAST ALVERAL FARM	1 LLC
(Name of the Limited Liability Company as it now ap (A Florida Limited Liability Compan)	pears on our records.) y)
The Articles of Organization for this Limited Liability Company were filed on	5-01-2024 and assigned
Florida document number <u>L04000334931</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	v here:
The new name must be distinguishable and contain the words "Limited Liability Company," il	he designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	202
(Principal office address MUST BE A STREET ADDRESS)	
	(0) P T
Enter new mailing address, if applicable:	PH 2:
(Mailing address MAY BE A POST OFFICE BOX)	
	; 6
B. If amending the registered agent and/or registered office address on ou agent and/or the new registered office address here:	r records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	
Enter l	Florida street address
	Florida
City New Registered Agent's Signature, if changing Registered Agent:	Zip Code

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>	Address	Type of Action
MGR	BARBARA VOIZ	8672 SW 42 PB STREET CCAIA, FloRDA 34481	\sqrt{\sq}}}}}}}\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}\signtifien\sintinfty}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}
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Dated Jone 5th 2024. Signature of a member or authorized representative of a member	r the
Signature of a member or authorized representative of a member	
engineers of a manner of authorities representative of a inclined	
BALDARA VOIZ Typed or printed name of signee	

Filing Fee: \$25.00

COVER LETTER

Division of Cor	porations		
SUBJECT:	he LAST HURR Name of Lin	AA FARM L.L. C	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	BARHARA	Name of Person	
	The last to	RRAG FARM LLO	2
	8672 5.	W. 42 ND Stree	
		Florida 34 City/State and Zip Code Soc	
For further information co	oncerning this matter, please ea	all:	
BARLA Name of	Person	at (<u>50</u>) <u>865</u> Area Code Daytim	1-812 ac Telephone Number
Enclosed is a check for th	e following amount:		
SS \$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)

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Registration Section

TO:

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