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COVER LETTER

TO:

Registration Section

Division of C	orporations				
	OS FARM LLC				
SUBJECT: Name of Limited Liability Company					
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
	JAIME MARTINEZ				
		Name of Person			
	MILAGROS FARM LLC				
		Firm/Company			
	17721 SW 104TH STREE	Т			
		Address			
	MIAMI, FL 33196				
		City/State and Zip Code			
	milagros.farmfl@gmail.com				
	E-mail address: (to be used for future annual report notification)			
For further information	concerning this matter, please c	all:			
MANUEL MELENDA	REZ.	786 834-9631 at ()			
Name	of Person	Area Code 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 & ☐ \$60.00 Filing I Certified Copy (additional copy is enclosed)	Status & y		
Mailing Addr Registration Division of P.O. Box 6. Tallahassee	n Section Corporations 327	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

MILAGROS FARM LLC	
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Company)	<u>ears on our records.</u>) y)
The Articles of Organization for this Limited Liability Company were filed on lorida document number $\frac{1.24000244910}{1.24000244910}$.	05/28/2024 and assigned
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company	here:
he new name must be distinguishable and contain the words "Limited Liability Company," the	ne designation "L.L.C." or the abbreviation "L.L.C."
•	a tangamon salah s
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	,
nter new mailing address, if applicable:	
A DE LE MANDE A BOST OFFICE BOY	 ;
	•
	<u> </u>
. If amending the registered agent and/or registered office address on ou	r records, enter the name of the new registe
gent and/or the new registered office address here:	the state of the s
Name of New Registered Agent:	
Thank Of the Windshift (1801).	
New Registered Office Address:	
Enter	Florida street address

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.

City

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	LOPEZ, JORGE M	17721 SW 104TH STREET	□ Add
		MIAMI, FL 33196	
			□Change
MGR	ZULUAGA, JUAN S	17721 SW 194TH STREET	
		MIAMI, FL 33196	
			Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Remove
			Change
			\ \ \ \ \ \
			Remove
			Remove
			Change
			□Remove
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Fffeetier date if whom the an the	data of Ciliana				optional)	
Effective date, if other than the If an effective date is listed, the date must Note: If the date inserted in this blodocument's effective date on the De	the specific and ca ock does not mee	nnot be prior to it the applicat	date of filing or a ble statutory filin	nore than 90 day:	after filing.) Pursua	nt to 605,0207 t be listed as
e record specifies a delayed effective	e date, but not an	effective tim	ne, at 12:01 a.m.	on the earlier	of: (b) The 90th c	lay after the
rd is filed.						
		2024	_ •			
rd is filed. SEPTEMBER 18 Dated			 182			
DatedBEPTEMBER 18	Twin?		PCZ ized representativ	e of a member		