

2025 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L21000190988

Entity Name: AMOFARM, LLC

Current Principal Place of Business:

12995 SW 197 AVE
MIAMI, FL 33196

Current Mailing Address:

12995 SW 197 AVE
MIAMI, FL 33196 US

FEI Number: APPLIED FOR

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

AMORES, JULIO ALBERTO
12995 SW 197 AVE
MIAMI, FL 33196 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JULIO A AMORES

01/11/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name ALBERTO AMORES, JULIO
Address 12995 SW 197 AVE
City-State-Zip: MIAMI FL 33196

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JULIO ALBERTO AMORES

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01/11/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date