



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 10, 2018

ORGANIC FRUIT MARKETS LLC
YAZIR M NIETO
7500 NW 25TH ST, STE. 237
MIAMI, FL 33122

SUBJECT: ORGANIC FRUIT MARKETS LLC
Ref. Number: L18000095697

We have received your document for ORGANIC FRUIT MARKETS LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 718A00025301

2018 DEC 26 PM 3:26

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ORGANIC FRUIT MARKETS 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:

YAZIR M. NIETO
Name of Person

ORGANIC FRUIT MARKETS LLC
Firm/Company

7500 NW 25TH ST SUITE 237
Address

MIAMI, FL 33122
City/State and Zip Code

INFO@JCBSOLUTIONSINC.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

YAZIR M. NIETO at (1-832 946-9997)
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 & 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
18 DEC 26 PM 1:40
STATE OF FLORIDA
TALLAHASSEE

ORGANIC FRUIT MARKETS 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 04/16/2018 and assigned Florida document number L18000095697.

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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____

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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	JEAN PIERRE FRANCO	7500 NW 25TH ST	<input type="checkbox"/> Add
		SUITE 237	<input checked="" type="checkbox"/> Remove
		DORAL, FL 33122	<input type="checkbox"/> Change
MGR	YENNY L ARDILA	7500 NW 25TH ST	<input checked="" type="checkbox"/> Add
		SUITE 237	<input type="checkbox"/> Remove
		DORAL, FL 33122	<input type="checkbox"/> Change
MGR	JOSE A RAMIREZ NUNEZ	7500 NW 25TH ST	<input checked="" type="checkbox"/> Add
		SUITE 237	<input type="checkbox"/> Remove
		DORAL, FL 33122	<input type="checkbox"/> Change
MGR	RAUL MARTINEZ	7500 NW 25TH ST	<input checked="" type="checkbox"/> Add
		SUITE 237	<input type="checkbox"/> Remove
		DORAL, FL 33122	<input type="checkbox"/> Change
MGR	MAYOLO GARCIA	7500 NW 25TH ST	<input checked="" type="checkbox"/> Add
		SUITE 237	<input type="checkbox"/> Remove
		DORAL, FL 33122	<input type="checkbox"/> Change
MGR	OMAR PERALTA POLITO	7500 NW 25TH ST	<input checked="" type="checkbox"/> Add
		SUITE 237	<input type="checkbox"/> Remove
		DORAL, FL 33122	<input type="checkbox"/> Change

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 TAMPA
 FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
MGR	ALVERTO RIVERA	7500 NW 25TH ST	<input checked="" type="checkbox"/> Add
		SUITE 237	<input type="checkbox"/> Remove
		DORAL, FL 33122	<input type="checkbox"/> Change
MGR	ELOIZA NUÑEZ DE RAMIREZ	7500 NW 25TH ST	<input checked="" type="checkbox"/> Add
		SUITE 237	<input type="checkbox"/> Remove
		DORAL, FL 33122	<input type="checkbox"/> Change
MGR	TOMASA RIVERA GRANADOS	7500 NW 25TH ST	<input checked="" type="checkbox"/> Add
		SUITE 237	<input type="checkbox"/> Remove
		DORAL, FL 33122	<input type="checkbox"/> Change
MGR	ANTONIO BENITEZ	7500 NW 25TH ST	<input checked="" type="checkbox"/> Add
		SUITE 237	<input type="checkbox"/> Remove
		DORAL, FL 33122	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 FILED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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18 DEC 26 PM 1:40
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated November 16, 2018

Handwritten signature

Signature of a member of authorized representative of a member

YAZIE NIETO

Typed or printed name of signee