

L20000128496

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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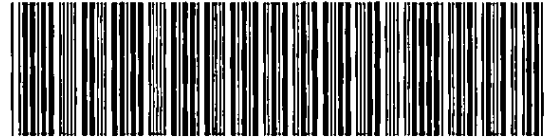
(Business Entity Name)

(Document Number)

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# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** BOXVFRUIT USA 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:

CELIS, JUAN P  
Name of Person

BOXVFRUIT USA LLC  
Firm/Company

2520 NW 97th AVE SUITE 230  
Address

DORAL FL 33172  
City/State and Zip Code

SALESUSA@CELIFRUT.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CELIS, JUAN P at ( 786 ) 6595505  
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 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**

2529:111-2 11: 9: 41

BOXVFRUIT USA 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 05/12/2020 and assigned Florida document number L20000128496.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

BOXVFRUIT USA LLC

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:**

2520 NW 97th AVE SUITE 230

**(Principal office address MUST BE A STREET ADDRESS)**

DORAL FL 33172

**Enter new mailing address, if applicable:**

2520 NW 97th AVE SUITE 230

**(Mailing address MAY BE A POST OFFICE BOX)**

DORAL FL 33172

**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*

**Registered Agent's Signature, if changing Registered Agent:**

*by 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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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**

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	JULIO DELGADO	2520 NW 97th AVE SUITE 230	<input checked="" type="checkbox"/> Add
		DORAL FL 33172	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MEBB HOLDINGS, INC	1520 HAMMOCK LN	<input checked="" type="checkbox"/> Add
		PEMBROKE PINES FL 33026	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CARMINA COMPARELLI	2520 NW 97th AVE SUITE 230	<input checked="" type="checkbox"/> Add
		DORAL FL 33172	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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