## 113000121745

(Rec	questor's Name)	
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	e)
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Certified Copies	Certificates	of Status
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Special Instructions to I	Filina Officer:	
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Office Use Only



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## COVER LETTER

TO: **Registration Section** 

**Division of Corporations** 

COUNTRY FRESH 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:

Julia Greenberg-Aguilar

Name of Person

MyUSAcorporation.com

Firm/Company

40 Exchange Place STE 1301

Address

New York, NY 10005

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julia Greenberg-Aguilar

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

COUNTRY FRESH LLC			
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our imited Liability Company)	r records.)	
The Articles of Organization for this Limited Liability Conference L13000121745	ompany were filed on 08/27/20	13 and a	ssigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability company here:		
GRUPO COUNTRY USA LLC			
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Company," the	designation "LLC" or the	abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	VESS)		20
			Z
			C EARCH
Enter new mailing address, if applicable:		00 S	- 1
(Mailing address MAY BE A POST OFFICE BOX)			平
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		50	23
B. If amending the registered agent and/or regist registered agent and/or the new registered office address.		ords, <u>enter the name</u>	of the new
Name of New Registered Agent:			
New Registered Office Address:			
-	Enter Flor	ida street address	
	registered agent and/or registered office address on our records, enter the name of the new or the new registered office address here:		
·	City	Zip Co	de

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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	COUNTRY FRESH SAS	CALLE 97 A # 8 A - 45 #402	Add
		BOGOTA, COLOMBIA	Remove
MGRM	JUAN CAMILO VILLAVECES	665 NE 25 STREET, APT 1704	Add
		MIAMI, FL 33135	Remove
		· · · · · · · · · · · · · · · · · · ·	Remove
			Add T
			FL COMPANY Add
		· ·	Remove
			Add
			Remove

D.	If amend	ing any other infor	mation, enter change(s) here	: (Attach additional sheets, if neces	sary.)
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		ober, 28th	2013		
Da	ited OCI	ober, zour	1. Of About	Par	
			Signature of a member or author		······································
		Julia Greenb	erg-Aguilar - Authori	zed Representative	
			Typed or printed	name of signee	

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Filing Fee: \$25.00

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