## 116000233246

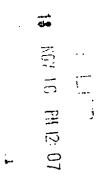
(Re	questor's Name)	
(Ád	dress)	
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. (Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

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## **COVER LETTER**

	ARVEST LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subr	mitted for filing.	
Please return all correspor	idence concerning this matter t	to the following:	
	JUAN CAMILO		
		Name of Person	<del> </del>
	BERRIES HARVEST LLC	•	
		Firm/Company	
	15858 SW 11TH ST		
		Address	
	PEMBROKE PINES, FL. 3	33027	
	juan.echeverri@cosechas.co	City/State and Zip Code om	
	E-mail address: (6	o be used for future annual report notif	ication)
For further information co	ncerning this matter, please ca	II:	
JUAN ECHEVERRI		305 741 9678	
Name of	Porson	at ()	· Talarkana Numbar
rana (7)	TCISCH	Area Code Phythik	receptione Number
Enclosed is a check for the	e 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:

TO:

Registration Section Division of Corporations

> 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

BERRIES HARVEST LLC		
( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number	ompany were filed on 01/01/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	_ <u></u>
Enter new mailing address, if applicable:		5 1
(Mailing address MAY BE A POST OFFICE BOX)		7
		Ö
		. 27
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
	City	Zip Code

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

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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	ECHEVERRI, SANDRA	15800 PINES BLVD	
			Add
		SUITE 331	■ Remove
		PEMBROKE PINES, FL 33027	= Kelliove
			□ Change
			Add
			Change
			□ Add
			ा कि □ Remove
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ective date, if other than the d	late of filing:	(optional)
n effective date is listed, the date must	be specific and cannot be prior to date of file	(optional) ng or more than 90 days after filing.) Pursuant to 605.02 ry filing requirements, this date will not be listed a
cument's effective date on the Dep		ty ming requirements, and date will not be used
record specifies a delayed The 90th day after the reco	effective date, but not an effec rd is filed.	tive time, at 12:01 a.m. on the earlier
OCTOBER 25	2018	
ted	·	
•	1/1/1-	
	signature of a member or authorized represe	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00