## LU60000 27296

| (Requestor's Name)                      |
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| (City/State/Zip/Phone #)                |
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| PICK-UP WAIT MAIL                       |
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| (Business Entity Name)                  |
| (Dusiness Littly Name)                  |
|   |
| (Document Number)                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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D. SCOTT MAR. 6 2017

## **COVER LETTER**

| Division of Cor             |  |   |  |
|-----------------------------|--|---|--|
| SUBJECT: CAC                |  |   |  |
|                             | Name of Limi                                 | ted Liability Company   |  |
| The enclosed Articles of    | Amendment and fee(s) are subr                | nitted for filing.  |  |
| Please return all correspo  | ndence concerning this matter t              | to the following:   |  |
|                             | Richard H. P.                                | Name of Person  |  |
|                             | Bergman & JA                                 | Firm/Company  |  |
|                             | 2001 Hollywoo                                | d Blud., Suite an   | 00   |
|                             | Hollywood, FL                                | 33030<br>City/State and Zip Code                                    |  |
|                             | Trojas Obj-<br>E-mail address: (to           | law. com<br>o be used for future annual report notifi               | cation)  |
| For further information co  | oncerning this matter, please ca             |   |  |
| Ilcana Ro                   | Person                                       | at ( <u>454</u> ) <u>933.3</u><br>Area Code Daytime                 | 533 Telephone Number   |
| Enclosed is a check for the | e following amount:                          | •   | THE STATE OF THE S |
| \$25.00 Filing Fee          | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate of Status & Certified Copy (additional copy is enclosed)   |
|                             |  |   | 20<br>20   |

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

| CARROUSE 1 Produce,  | LLC  |                          |
|--|--|--------------------------|
| ( <u>Name of the Limited L</u><br>(A F   | Liability Company as it now appears on our records.) Forida Limited Liability Company) |                          |
| The Articles of Organization for this Limited Liabil   | lity Company were filed on 3/14/2006   | and assigned             |
| Florida document number <u>L060000 27 296</u>  | ·  |                          |
| This amendment is submitted to amend the following   | ng:  |                          |
| A. If amending name, enter the new name of the   | e limited liability company here:  |                          |
| The new name must be distinguishable and contain the words                                   | "Limited Liability Company," the designation "LLC" or t                                | he abbreviation "L.L.C." |
| Enter new principal offices address, if applicable   | e:   |                          |
| (Principal office address MUST BE A STREET A   | DDRESS)  |                          |
|  |  |                          |
|  |  |                          |
| Enter new mailing address, if applicable:  |  |                          |
| (Muiling address MAY BE A POST OFFICE BO)  | <u> </u>   | <u> </u>                 |
|  |  |                          |
|  |  | 一                        |
| B. If amending the registered agent and/or registered agent and/or the new registered office | registered office address on our records, <u>er</u><br>address here:                   | iter the name of the new |
|  |  | 三 野魚 星 〇                 |
| Name of New Registered Agent:  |  | 95. 9                    |
|  |  | 5 F. 0                   |
| New Registered Office Address:   | Enter Florida street address   |                          |
|  | T.1  |                          |
| -  | , Florida  | 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 **Title** Address Type of Action **Name** VP Theodore F. Burnett 44 St. Clair Ave. West Toranto ontario M4V3C9 CA \_ Change Joseph Manserra 44 St. Clair Ave. West Toronto Ontario M4V3C9 CA ☐ Change □ Add □ Remove \_□ Change □ Add \_\_□ Remove □ Change □ Add □ Remove \_□ Change

| • ,             | nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)   |            |
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| ffect<br>an eff | ve date, if other than the date of filing: (optional) ective 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 60: | 5.020      |
| ote:            | If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list ent's effective date on the Department of State's records.             | ed a       |
|                 |  |            |
| e re            | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli  | ۲۰<br>er c |
| The             | 90th day after the record is filed.  | , 1        |
|                 | T1   |            |
| ated            | February 19, 3017.   | <u>;</u>   |
|                 | Sec.   | 20         |
|                 | Signature of a member or authorized representative of a member   |            |
|                 |  |            |

Page 3 of 3

Filing Fee: \$25.00