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SECRETARY OF STATE AND A MANSSEF, FLORIDA

FILED

DEC 18 2016

COVER LETTER

TO:	Registration Section Division of Corpora				
SUBJ	ECT: <u>Count</u>	ry FRuit & Name of Limi	VEGGIE LLC ted Liability Company		
The en	closed Articles of Ame	endment and fee(s) are sub-	nitted for filing.		
Please	return all corresponder	nce concerning this matter	to the following:		
	-	SELMA	HERMANSSO Name of Person	7	
	-	Countr	HERMANSSO Name of Person Y Fruit & VEGG Firm/Company	nis Luc	
	-	6945	SW 66 AVE	· · · · · · · · · · · · · · · · · · ·	
	-		City/State and Zip Code City/State and Zip Code Addiag (2) Yakoco o be used for future annual report notific		
	_		•	ation)	
For fur	ther information conce	rning this matter, please ca	dl:		Escap ca see
	Name of Per	RMANSSON SON	at (205) 661- Area Code Daytime	7943 English Telephone Number FLSTA	
Enclos	ed is a check for the fo	llowing amount:		₩ E	
\$ \$2	5.00 Filing Fee C	1 \$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
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 FRUIT & VEGGIE, LLC				
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	_ .		
	aleland	and assigned		
This amendment is submitted to amend the following:	nent number LOGOOOB GOGO ent is submitted to amend the following: In name, enter the new name of the limited liability company here: In ust be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." In incipal offices address, if applicable: In enders MUST BE A STREET ADDRESS) In address, if applicable: In eress MAY BE A POST OFFICE BOX) In the registered agent and/or registered office address on our records, enter the name of the new ent and/or the new registered office address here:			
he Articles of Organization for this Limited Liability Company were filed on				
The new name must be distinguishable and contain the words "Limited Liabilit	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) Organization for this Limited Liability Company were filed on 9 5 200 6 and assigned not number Locoock 6666 It is submitted to amend the following: It is a distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" are palled and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" are palled offices address, if applicable: It is address MUST BE A STREET ADDRESS) Ing address, if applicable: In address MUST BE A POST OFFICE BOX) Ing the registered agent and/or registered office address on our records, enter the name of the new at and/or the new registered office address here: Of New Registered Agent: City Agent's Signature, if changing Registered Agent: It the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ill statutes relative to the proper and complete performance of my duties, and I am familiar with and gations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is			
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)				
		<u> </u>		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:		the name of the new		
Name of New Registered Agent:		7 <u>20</u>		
New Registered Office Address:		至		
		SS		
		Zip Code		
New Registered Agent's Signature, if changing Registered Agent:				
provisions of all statutes relative to the proper and complete p	performance of my duties, and I am for rovided for in Chapter 605, F.S. Or, i	ee to comply with the amiliar with and if this document is		

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 Type of Action** BLANCO, HENRY R. 6945 SW 66 AVE Minmi, FL 33143 X Add ☐ Remove ☐ Change □ Add ☐ Remove _□ Change □ Add ☐ Remove ☐ Change DE¥dd [편] □ Remove \overline{G} Change !: **₽**Add ☐ Remove Change □ Add ☐ Remove

☐ Change

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Filing Fee: \$25.00