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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DEL MONTE FRESH PRODUCE COMPANY

Account Number : 120000000225 Phone

: (305)520-8056

Fax Number

: (305)448-6647

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

THE MARS GROUP, LLC

Certificate of Status	0
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Corporate Filing Menu

Help

H08000222720 3

9/24/2008

H08000222720 3

TO: Registration Section
Division of Corporations

SUBJECT: The Mars Group 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:

The firm Company Company Company Concerning the Caral Gebles A 33/14
(City/State and Zip Code)

For further information concerning this matter, please call:

TET BAILES at BOS 520 - 815 F
(Name of Person) (Area Code & Daytime Telephone Numb

Enclosed is a check for the following amount:

\$25.00 Piling Foc

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□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) □\$60.00 Filing Fee,
Certificate of Status &
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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 Mays 6600 LCC

| iability Company as it how appears on our records. |

lorida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 9/26/2006 Florida document number L060000 94342 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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) 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 Agent's Signature, if changing Registered Agent;

New Registered Office Address:

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.

(Clty)

(If Changing Registered Agent, Signature of New Registered Agent)

(Enter Florida street address)

MGR = Manager

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGRM = Managing Member **Title** Type of Action <u>Name</u> Address Patricia Morchante MGR Add Remove ☐ Add Remove Add Remove Add Remove T Add Remove ☐ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated ignature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00