# L08000098839

| •                                       | (Requestor's Name)         |  |  |  |  |  |
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| Special Instruction                     | is to Hiling Officer:      |  |  |  |  |  |
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SECRETARY OF STATE
ALL AHASSEF, FLORIDA

| TO: Registration S Division of Co  | ection<br>rporations                           |   |                               |  |
|--|--|---|-------------------------------|--|
| SUBJECT:   | UNITED FRUI                                    | T & VEGETABLES,   | LLC                           |  |
|  |  | mited Liability Company                                   |                               | -  |
|  |  |   |                               |  |
| The enclosed Articles of   | Amendment and fee(s) are s                     | submitted for filing.                                     | . <u>.</u>                    |  |
| Please return all corresp  | ondence concerning this mat                    | ter to the following:                                     | · •                           |  |
|  |  | •   |                               | •  |
| - T  |  | DIANA BACALLAO  | •                             |  |
|  |  | Name of Person  |                               | _  |
| -  | UNITED   | FRUIT & VEGETABLI   | ES, LLC                       | •  |
| and the second s |  | Firm/Company  |                               | <del></del>  |
|  | 3555 NW 79TH AVE SUITE 200                     |   |                               |  |
|  |  | Address   |                               | <del>-</del>   |
|  |  | DORAL, FL 33122   |                               |  |
| · ·  |  | City/State and Zip Code                                   |                               | _ `  |
|  | DIANA  | BACALLAO@YAHOC  | D.COM                         |  |
|  |  | : (to be used for future annual rep                       | ort notification)             |  |
| For turther information of   | concerning this matter, please                 | e call:   | -                             |  |
|  | NA BACALLAO                                    | at (_305_)  | 206-7887                      |  |
| Name o   | of Person                                      | Area Code &   | Daytime Telephone Numb        | per .  |
|  |  | *   |                               |  |
| Enclosed is a check for t  | he following amount:                           |   |                               |  |
| \$25.00 Filing Fee   | _\$30.00 Filing Fee &<br>Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is e | Certific<br>nclosed) Certific | Tiling Fee, cate of Status & ed Copy conal 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

FILED 10 JUL 22 AMII: 45

UNITED FRUIT & VEGETABLES, LLC

UNITED FRUIT & VEGETABLES, LLC

Me of the Limited Liability Company as it now appears on our records.)

The Articles of Organization for this Limited Liability Company were filed or L08000098839 Florida document number 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 Office Address: Enter Florida street address 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 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 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:

MGR = Manager MGRM = Managing Member <u>Title</u> <u>Name</u> Address **Type of Action** DIANA BACALLAO 3555 NW 79TH AVE SUITE 200 ✓ Add Remove ☐ Add Remove Add 🔲 Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) JUL 22 AM 11: 45 7/20/2010 Signature of a member or authorized tepresentative of a member DIAMA BACALLAO

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee