# 108000113344

(Requestor's Name)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
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Special instructions to Filing Officer:		
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T. HAMPTON HI & R A YUII

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### **COVER LETTER**

, , ,				
TO: Registration Section Division of Corporations				
SUBJECT: PRODUCE MARKET 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:				
JOSE L. CHAMORRO Name of Person				
PRODUCE MANICET				
Firm/Company				
1963 S. JOHN YOUNG PKWY				
Address				
Mrchamorro Coholmail.com				
City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Name of Person at (407) 218-9049  Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional 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



# FLORIDA DEPARTMENT OF STATE Division of Corporations

#### RECEIVED

11 AUG 19 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

August 15, 2011

JOSE L CHAMORRO 1963 S JOHN YOUNG PKWY KISSIMMEE, FL 34741

SUBJECT: PRODUCE MARKET LLC

Ref. Number: L08000113344

We have received your document for PRODUCE MARKET LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$30.00.

The effective date must be specific and cannot be prior to the date of filing.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton Regulatory Specialist II Registration/Qualification Section

Letter Number: 411A00019103

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRODUCE MARI	KET LA	C	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears	on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	$\frac{2/11/2008}{2008}$ and assigned	
This amendment is submitted to amend the following:		1 AUG 19	
A. If amending name, enter the new name of the limited liab	oility company here:	A STATE	
The new name must be distinguishable and end with the words "I imi "L.L.C."	ited Liability Compan	y," the designation "LLC" or the abbreation	
Enter new principal offices address, if applicable:		<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	2704 G.	KISSIMMEE, FL3474	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		r records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
	City	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 Changing Registered Agent, Signature of New Registered Agent

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 Type of Action Title Address <u>Name</u> MGRM THOMAS ( Facus 2726 CAPROTT WICHOLAS COOP DAGE GLADYS I. CASTRO 2704 GARRETT NICHOLAS Add LOOP. KISSIMMEE, RL 34746 DECEMBRE MGRM JOSE L. CHAMONRO 2704 GARRETT WICHOLAS LOOP KISSIMMEE, FIZYAR D. If amending any other information, enter change(s) here: (Attach additional sheets, it necessary) REQUESTING THIS AMENDMENT TO BE ompany layes As Sole proprietorship

Fage 2 of 2

Filing Fee: \$25.00