Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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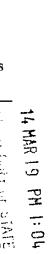
LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FRUTAS NATURALES LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

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FRUTAS NATURAL	ES LLC	,
(Name of the Limited Liability (A Florida Li	ompany as it now appears of the Liability Company)	our records.)
The Articles of Organization for this Limited Liability Co	mpany were filed on 10-2	0-10 and assi
Florida document number L10000109552		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and and with the word "L.L.C."	s "Limited Liability Company,"	'the designation "LLC" or the a
Euter new principal offices address, if applicable:	4215 NW 167	th.ST.
(Principal office address MUST BE A STREET ADDRI	Miami Gardens,	F1. 33055
Enter new mailing address, if applicable:	sane	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office addre	red office address on our	records, enter the name o
Name of New Registered Agent:	LUISA GALEAS	
New Registered Office Address:	4215 NW. 1.67 TH	
Enter Florida street address		
<u>M</u>	IAMI CARDENS	Florida33055
	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 com the provisions of all statutes relative to the proper and complete performance of my duties, and I am familia accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this doc being filed to merely reflect a change in the registered office address, I hereby confirm that the limited llabi company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Age

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

MGR = Manager MGRM = Managing Member Title Name **Address** Type of Action 167 TH.ST. 4215 NW. GALEAS MGR LUISA bbAXX MIAMI GARDENS FL. 33055 🔲 Remove 200 NW 57'CT. BERMUDE2 REY MGRM DDA 🛄 MIAMI FL. 33055 AND MARKET 🗀 Add Remove Add T Remove .□Add .□Romove Remova D. If amending any other information, enter change(s) here: (Attach additional shaets, if necessary.) Dated_ Signature of a member or authorized representative of a member MGR LUISA GALEAS

Typed or printed name of algnee Page 2 of 2