	Note: Plea	Florida Departm Division of Co Electronic Filing se print this page and use it as a	rporations Cover Sheet	ax audit number	-
		nown below) on the top and botton			
		(((H2000036	3336 3)))		
		H200 <b>00363</b> 236	Завс-		
	Note: DO I	NOT hit the REFRESH/RELOAD Doing so will generate a		from this page.	
	To:	Division of Corporations Fax Number : (850)617-638	3	2029 OCT	
	From:	Account Name : FASTKIT CORF Account Number : I20100000009 Phone : (305)599-083 Fax Number : (305)592-959	i 19	PH .	
	ann	the email address for this busing line on the state of th	ness entity to be used y one email address pl	ယ္ a for future က ease.** တ	
60	Ema	il Address:			
EIVED		C AMND/RESTATE/CORI FRUTAS NATU		ESIGN	
		Certificate of Status	0		
		Certified Copy	0	IK	
RECEIVED		Page Count	03		

Electronic Filing Menu

Corporate Filing Menu

V SULKEP

ARTICLES OF ORGANIZATION OF

	FRUTAS NAT			
(Name of the Limit	A Florida Limited	inv as it now appears Liability Company)	<u>on our records.</u> )	
The Articles of Organization for this Limited Liability Company were filed on Florida document number			10/20/2010	and assigned
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name of	f the limited liab	oility company her	<u>e</u> :	
N/A				
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the des	signation "LLC" or the s	bbreviation "L.L.C."
Enter new principal offices address, if applic	<u>N/A</u>			
(Principal office address MUST BE A STREE	ET ADDRESS)	N/A		
		N/A		
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	N/A		Z.o. 20
<u>.                                    </u>		N/A		
				CI ii
B. If amending the registered agent and/or n agent and/or the new registered office addre	registered office : <u>ss here</u> :	address on our ree	cords, <u>enter the nar</u>	ne of the new registere
Name of New Registered Agent:	N/A	·· <u>_</u>		<u> </u>
New Registered Office Address:	N/A			

## 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 605, 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.

City

 $N/\Lambda$ 

If Changing Registered Agent, Signature of New Registered Agent

, Florida \_

Zip Code

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	Name	Address	Type of Action
MGR	EDWIN M. HERNANDEZ GALEAS	4215 NW 167TH STREET	🖬 Add
		MLAMI GARDENS, FL 33055	ORemove
			Change
		<u> </u>	🗆 Add
			🗋 Remove
		<u></u>	Change
			🖸 Add
			🗆 Remove
			Change
			🗋 Add
			🗆 Remove
			Change
			[]Add
			ПКетюче
			[] Change
		<u></u>	🖸 Add
			Remove
			Change

	•••••		<u> </u>
	·		
		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · ·
	<u> </u>		
<u> </u>			
		······································	
	<u> </u>		

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dat <del>e</del> d	OCTOBER 16	2020	
		Tierro C-	
	<u> </u>	Signature of a member or authorized representative of a member	
		EDWIN M. HERNANDEZ GALRAS	
	<u> </u>	Typed or printed name of signee	<u> </u>