# L12000011654

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T. BROWN

### **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT: ORIENTAL GROWERS 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:

## **EDDY JOSE LUIS MARTINEZ ANGELES**

Name of Person -

# ORIENTAL GROWERS LLC

Firm/Company

662 NW 127 PATH

Address

**MIAMI FL 33182** 

City/State and Zip Code

giki24@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EDDY JOSE LUIS MARTINEZ ANGELES

,786,4**52-5567** 

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

□\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

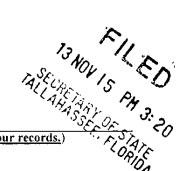
☐\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



#### ORIENTAL GROWERS, LLC

(Name of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company)

(A Florida Elimited L	siaomity company)	PIDA
The Articles of Organization for this Limited Liability Company	were filed on JANUARY 24,	2012 and assigned
Florida document number L12000011654		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and end with the words "Lim "L.L.C."	ited Liability Company," the designa	ation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	11540 SW 2 ST UNIT 10	)2
(Principal office address MUST BE A STREET ADDRESS)	MIAMI FL 33174	
Enter new mailing address, if applicable:	11540 SW 2 ST UNIT 10	02
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI FL 33174	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		enter the name of the nev
registered agent and/or the new registered office address ner	<u>v</u> .	
Name of New Registered Agent:		
		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Florida str	eet address
<del> </del>	, Flor	ida Zip Code
	City	Lip 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>		Type of Action
MGRM	GISSELLE ESCARFULLERY	11540 SW 2 ST UNIT 102	Add Add
		MIAMI FL 33174	Remove
			Remove
			Add
			Remove
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Page 3 of 3

Filing Fee: \$25.00