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(Address)

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(City/State/Zip/Phone #)

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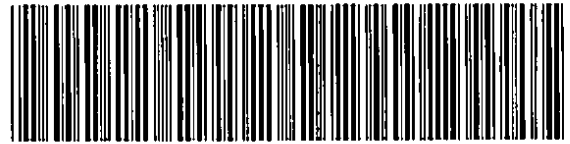
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
18 JAN 26 AM 12:35

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TROPICAL MEATS PRODUCE, 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:

LUIS DAVILA
Name of Person

DAVILA & TORRES PA
Firm/Company

911 N. MAIN ST. STE 5
Address

KISSIMMEE, FL 34744
City/State and Zip Code

luis@davilaandtorres.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUIS DAVILA at 407 933-0307
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

TROPICAL MEAT & PRODUCE, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 8/10/2012 and assigned
Florida document number L12000103236

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 contain 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:

PRESCILLA VAZQUEZ COSME

New Registered Office Address:

3140 FRIARS COVE RD

Enter Florida street address

ST. CLOUD

City

Florida 34772

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 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.


If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE, FLORIDA
18 JAN 26 AM 12:30

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ANDRES E. FIGUEROA	519 E. VINE ST.	<input type="checkbox"/> Add
		KISS. FL. 34744	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	JUAN R. YSEA	519 E. VINE ST.	<input type="checkbox"/> Add
		KISS. FL. 34744	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	LIBALDO A. COLMENARES		<input type="checkbox"/> Add
		519 E. VINE ST.	<input checked="" type="checkbox"/> Remove
		KISS. FL. 34744	<input type="checkbox"/> Change
MBR	RAUL E. ARENAS		<input type="checkbox"/> Add
		519 E. VINE ST.	<input checked="" type="checkbox"/> Remove
		KISS. FL. 34744	<input type="checkbox"/> Change
MBR	ROSANNA C. CATALDI		<input type="checkbox"/> Add
		519 E. VINE ST.	<input checked="" type="checkbox"/> Remove
		KISS. FL. 34744	<input type="checkbox"/> Change
AMBR	PRESCILLA VAZQUEZ-COSME		<input checked="" type="checkbox"/> Add
		3140 FRARS Cove RD	<input type="checkbox"/> Remove
		ST. CLOUD, FL 34772	<input type="checkbox"/> Change

[illegible]

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/24/2018

Note: 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.

Dated 11/24/, 2018

JUAN YSEA

Typed or printed name of signee