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COVER LETTER

TO:

PITAYA GROWERS OF SOUTH FLORIDA LLC

SUBJECT:

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:

SALOMON TERNER

Name of Person

PITAYA GROWERS OF SOUTH FLORIDA LLC

Firm/Company

25 SW 2nd AVE STE 725

Address

MIAMI FL 33131

City/State and Zip Code

MTERNER@THETERNERGROUP.COM

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

For further information concerning this matter, please call:

SALOMON TERNER

..305, 374-0218

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**

PITAYA GROWERS OF SOUTH FLORIDA LLC

(A Florida Limited	Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L13000025557</u>	were filed on 2/19/2013	and	assigned	d
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
RED PITAYA GROWER	S LLC			
The new name must be distinguishable and end with the words "Limited Liab	bility Company," the designation "LLC" or the	abbreviation	n "L.L.C.	"
Enter new principal offices address, if applicable:	25 SW 2nd AVE STE 725			
(Principal office address MUST BE A STREET ADDRESS)	MIAMI FL 33131			
Enter new mailing address, if applicable:	25 SW 2nd AVE STE 725			
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI FL 33131			
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent:		r the nam	ie of th	<u>he nev</u>
New Registered Office Address:				
New Registered Office Address.	Enter Florida street address			
	, Florida _		E C	113
		r Zip Co	de . 	+ [†]
New Registered Agent's Signature, if changing Registered Agent:	<u>i</u>	i i i i i i i i i i i i i i i i i i i	.)	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capacity. I further a performance of my duties, and I an provided for in Chapter 605, F.S. O	n familiar r, if this de	with an ocumen	ıd

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records: No changes MGR = ManagerAMBR = Authorized Member <u>Title</u> <u>Name</u> <u>Address</u> **Type of Action** □ Add ☐ Remove _□ Add ☐ Remove ☐ Add ☐ Remove ☐ Remove □ Remove ☐ Add ☐ Remove

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ective date, if other than the effective date must be specific, canr date this document is filed by the Fl ed JULY 16 SALOMON T	not be prior to date of receipt or filed date and cannot be lorida Department of State) 2014 Signature of a member of authorized representative o	more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

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