

43000090126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

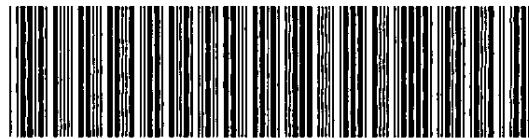
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500251001375

08/29/13--01010--018 \*\*25.00

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
13 AUG 29 PM 1:56

SEP 05 2013  
D. BUTLER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Father and Son Fresh Produce  
Name of Limited Liability Company

FILED STATE  
SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA  
13 AUG 29 PM 1:56

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Juandy Perez  
Name of Person

Father and Son Fresh Produce  
Firm/Company

8032 Shaw Dr  
Address

Tampa FL 33615  
City/State and Zip Code

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

For further information concerning this matter, please call:

Juandy Perez at (813) 527-5127  
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**

Father and son Fresh Produce LLC

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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
13 AUG 29 PM 1:56

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ and assigned

Florida document number L13000090126

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 end with 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:

Juandy Perez

New Registered Office Address:

8032 Shaw Dr

Enter Florida street address

Tampa

City

Florida

33615

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 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 Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Juandy Perez	8032 Shaw Dr	<input checked="" type="checkbox"/> Add
		Tampa FL 33615	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE  
 FLORIDA  
 13 AUG 29 PM 1:56

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated

08/24/13

Signature of a member or authorized representative of a member

Juandy Perez

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

13 AUG 29 PM 1:57

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA