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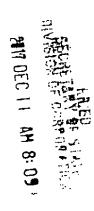
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## **COVER LETTER**

TO: Registration Division of (	1 Section Corporations			
	UDA BERRIËS LU	C		
SUBJECT:		Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment an	d fee(s) are sub	omitted for filing.	
Please return all corre	spondence concert	ing this matter	to the following:	
	EDGAR R.	МАТТА		
			Name of Person	
	ERM ENTI	ERPRISES CO	PRP	
	<u> </u>		Firm/Company	
	2500 SW F	07 AVE; SUIT	E 8	
			Address	
	   Mami, f: 	. 33165		
			City/State and Zip Code	
	_	bellsouth.net		
		E-mail address:	(to be used for future annual report no	tification)
For further informatic	on concerning this I	natter, please c	catt:	
Edgar Matta			305 221-8142	
Nan	ne of Person		at () Area Code Dayti	me Telephone Number
Enclosed is a check fo	or the following am	ount:		
<b>■</b> \$25,00 Filing Fee	1	ling Fee & ite 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)
MA	JUING ADDRES	<b>S</b> :	STREET/COU	RIER ADDRESS:
	istration Section	on Registration Section		
	ision of Corporatio . Box 6327	ns	Division of Corp Clifton Building	orations
	lahassee, FL 32314		2661 Executive C	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

florida berries. 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
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
GIDDINGS BERRIES USA, LUC
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 neregistered agent and/or the new registered office address here:    Name of New Registered Agent:
New Registered Office Address:  Enter Florida street address
1240 1 197401 3741 466713
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

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 <u>Address</u> Type of Action MGR Arnoldo Martinez-Conde Barrera Av Del Condor 550 **■** Add 406 Hucchuraba □ Remove Santiago Chile, OC ☐ Change □ Add ☐ Remove \_□ Change 🗆 Kan Clange \_ Add 🗆 Remege □ Change \_□ Add □ Remove ☐ Change □ Remove ☐ Change

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		Signature of a member or authorized representative of a member	
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		Typed or printed name of signee	