

L13000175781

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

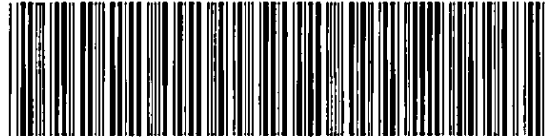
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115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 120000000088

Date: 09/02/2022

Name: Merritt Walker

Reference #: 1781439

Entity Name: GIDDINGS BERRIES USA, LLC

☐ Articles of Incorporation/Authorization to Transact Business

☒ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other CERTIFIED COPY OF THE FILING EVIDENCE

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Authorized Amount: \$55

Signature: 

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Giddings Berries USA, 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 December 20, 2013 and assigned Florida document number L13000175701

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.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:

New Registered Office Address:

Enter Florida street address

Florida

City

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

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. P	Julio Cesar Giddings Candia	AV DEL CONDOR 550	<input type="checkbox"/> Add
		406 HUECHURABA	<input type="checkbox"/> Remove
		SANTIAGO CHILE. OC	<input checked="" type="checkbox"/> Change
MGR	Jose Alvarino Vidal	AV DEL CONDOR 550	<input checked="" type="checkbox"/> Add
		406 HUECHURABA	<input type="checkbox"/> Remove
		SANTIAGO CHILE. OC	<input type="checkbox"/> Change
MGR. CFO	Jorge Salman Boghikian	AV DEL CONDOR 550	<input checked="" type="checkbox"/> Add
		406 HUECHURABA	<input type="checkbox"/> Remove
		SANTIAGO CHILE. OC	<input checked="" type="checkbox"/> Change
COO	Ian Grigg	AV DEL CONDOR 550	<input checked="" type="checkbox"/> Add
		406 HUECHURABA	<input type="checkbox"/> Remove
		SANTIAGO CHILE. OC	<input type="checkbox"/> Change
MGRM	SB Group S.A.	AV DEL CONDOR 550	<input type="checkbox"/> Add
		406 HUECHURABA	<input checked="" type="checkbox"/> Remove
		SANTIAGO CHILE. OC	<input type="checkbox"/> Change
MGR	Arnoldo Martinez Conde	AV DEL CONDOR 550	<input type="checkbox"/> Add
		406 HUECHURABA	<input checked="" type="checkbox"/> Remove
		SANTIAGO CHILE. OC	<input type="checkbox"/> Change

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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	Arnoldo Martinez-Conde Barrera	AV DEL CONDOR 550	<input type="checkbox"/> Add
		406 HUECHURABA	<input checked="" type="checkbox"/> Remove
		SANTIAGO CHILE, OC	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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TULSA, OKLAHOMA

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

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THE
FEDERAL
BUREAU OF
INVESTIGATION
U. S. DEPARTMENT OF JUSTICE

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated September 21, 2022

Signature of a member or authorized representative of a member

JULIO GIDDINGS

Typed or printed name of signee

Filing Fee: \$25.00