

L14000015823

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : GENERAL SOLUTIONS INC
Account Number : I20140000086
Phone : (305) 255-3310
Fax Number : (305) 355-3320

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ANCOR FRESH PRODUCE LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2016 JUL -7 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07-08-2016
J. HARRIS

Electronic Filing Menu

Corporate Filing Menu

Help

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ANCOR FRESH 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 01/29/2014 and assigned Florida document number L14000015823.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

DOES NOT APPLY

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:

DOES NOT APPLY

(Principal office address **MUST BE A STREET ADDRESS**)

Enter new mailing address, if applicable:

DOES NOT APPLY

(Mailing address **MAY BE A POST OFFICE BOX**)

FILED
11 JUL 17 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

DOES NOT APPLY

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

H160001637463

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>
MGRM	RICARO MOLINATTI	1198 VENETIAN WAY STE #203	<input type="checkbox"/> Add
		MIAMI BEACH, FL. 33139	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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[illegible]

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 June 9 2016

For DNA to.

Signature of a member or authorized representative of a member

RAUL ANGULO

Typed or printed name of signee

SECRET
TALLAHASSEE, FLORIDA
16 JUL -7 AM 9:49

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