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| (Re | questor's Name) | |
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| (Ad | dress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: | MAIL | |
| (Bu | siness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: Registration Se Division of Cor | ction porations | * |
|-------------------------------------|---|--------------------------|
| | al Quality Farm Produce LLC | |
| SUBJECT: | Name of Limited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are submitted for filing. | |
| Please return all correspo | ondence concerning this matter to the following: | |
| | Gabriel Ramos MBA | |
| | Name of Person | |
| | Ramos Ramos & Company | |
| | Firm/Company | |
| | 8798 SW 8th Street, SUite 6 | |
| | Address | |
| | Miami Florida 33174 | |
| | City/State and Zip Code | |
| • | gabriel@ramosramosco.com | |
| | E-mail address: (to be used for future annual re | port notification) |
| For further information of | concerning this matter, please call: | |
| Gabriel Ramos MBA | 305 220-: at () | |
| Name o | of Person Area Code | Daytime Telephone Number |
| Enclosed is a check for t | he following amount: | |
| □ \$25.00 Filing Fee | ■ \$30.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate of Status & |

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

| | International Quali | ty Farm Produce I | LLC | |
|--|--|--|---|---|
| (Name of the Limi | ted Liability Compa (A Florida Limited I | ny as it now appea .iability Company) | rs on our records. | |
| The Articles of Organization for this Limited L Florida document numberL14000142472 | iability Company | were filed on | September 11, 2014 | and assigned |
| This amendment is submitted to amend the foll | owing: | | | |
| A. If amending name, <u>enter the new name o</u> | f the limited liab | ility company h | <u>ere</u> : | |
| The new name must be distinguishable and contain the v | words "Limited Liabi | lity Company," the o | designation "LLC" or the | abbreviation "L.L.C." |
| Enter new principal offices address, if applic | able: | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | 9652 Coral Wa | <u></u> | |
| | | Miami FL 3310 | 55 | |
| Enter now mailing address if anylicables | | | | 28 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 9652 Coral Wa | ny | |
| | | Míami FL 3310 | 55 | 10 F |
| B. If amending the registered agent and registered agent and/or the new registered o Name of New Registered Agent: | | <u>e</u> : | our records, <u>ente</u> | the name of the new |
| New Registered Office Address: | 9652 Coral Wa | y | | |
| | | Enter Flo | orida street address | |
| | Miami | | , Florida _ ³ | 3165 |
| | | City | | Zip Code |
| New Registered Agent's Signature, if changing I hereby accept the appointment as registered provisions of all statutes relative to the propaccept the obligations of my position as registeng filed to merely reflect a change in the company has been notified in writing of this | ed agent and agr ver and complete istered agent as p registered office change. | ee to act in this performance of provided for in address, I here | f my duties, and I am Chapter 605, F.S. Oi | familiar with and r. if this document is imited liability |
| | л спа | nging registered A | gent, Signature of New F | respected Assett |

Page 1 of 3

| or removed | l from our records: | | |
|---------------------|------------------------------|---------------------------------------|--|
| MGR = N AMBR = A | Manager Authorized Member | | |
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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| an effective date in the date | if other than the date of is listed, the date must be specific inserted in this block doctive date on the Department. | ecific and cannot be prior to ses not meet the applica | o date of tiling or more t | | r filing.) Purs | |
| e record spe The 90th da | cifies a delayed effe ly after the record is | ctive date, but not s filed. | an effective time | e, at 12:01 a | a.m. on t | he earlie |
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| | Signat | ture of a member or autho | rized representative of a | member | | |
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