

L14 000174755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

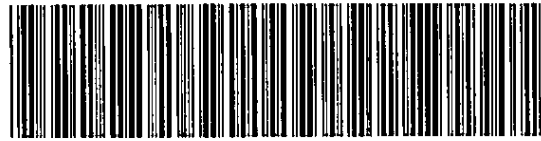
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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C Kinsey

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VANGUARD FOODS TRADING LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

RONALD CHUMACEIRO

Name of Person

VANGUARD FOODS TRADING LLC

Firm/Company

5580 NW 84th Avenue

Address

Doral, FL 33166

City/State and Zip Code

vft.miami@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RONALD CHUMACEIRO

813 508-2359

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

VANGUARD FOODS TRADING 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 11/10/2014 and assigned
Florida document number L14000174755.

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 "C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5580 NW 84th Avenue

Doral, FL 33166

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11310 NW 64th Terrace

Doral, FL 33178

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>
MBR	HELENA FARGIER	1200 West Ave. Miami Beach, FL	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	YARITZA ROSALES	3750 N.W. 114TH Avenue, Doral,	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	CHRISTIAN MONSCH R	5580 NW 84th Avenue, Doral, FL,	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	FRANK POCATERRA	5580 NW 84th Avenue, Doral, FL,	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	CARLOS ETCHEGARAY	5580 NW 64th Avenue, Doral, FL	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	CARLOS ETCHEGARAY		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

The LLC Partnership Restructuring for the period 04/2019-04/2020 will reflect the following LLC

member shares' participation & title, and a Note on the Operating Agreement, as follows:

RONALD CHUMACEIRO (40.00%): Managing Director

JORGE SIMON (25.00%): Member

CHRISTIAN MONSCH R (15.00%): Member

FRANK POCATERRA (10.00%): Member

CARLOS ETCHEGARAY (10.00%): Member

HELENA FARGIER (0.00%): To remain as 'Authorized Representative' for FL State Filings & Dept.
of Business & Professional Regulation's for Wine Dist. , and for Bank Accts, to serve as "Treasurer &
Risk Management manager' of LLC.

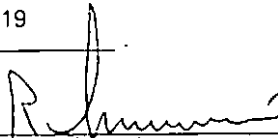
E. Effective date, if other than the date of filing: _____ (optional)

(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 Oct 8 2019



Signature of a member or authorized representative of a member

RONALD CHUMACEIRO

Typed or printed name of signee