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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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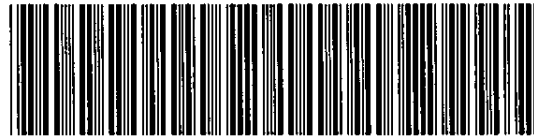
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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AND
FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CMS FRUITS U.S.A. 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:

HUGO FINSTERBUSCH
Name of Person

CMS FRUITS U.S.A. LLC
Firm/Company

17 Woodlyn Ln
Address

Palm Coast, FL 32164
City/State and Zip Code

hf@madiss.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HUGO FINSTERBUSCH at (770) 862-7296
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate 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)

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

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CMS FRUITS U.S.A., LLC

The Articles of Organization for this Limited Liability Company were filed on NOV. 25, 2014 and assigned Florida document number L14000182166

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Authorized Member 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	CARLOS SAFFIRIO	17 Woodlyn Ln	☐ Add
		Palm Coast, FL 32164	☒ Remove
MGRM	SONIA SCHNEIDER	17 Woodlyn Ln	☐ Add
		Palm Coast, FL 32164	☒ Remove
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E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated Dec 8, 2014.



Signature of a member or authorized representative of a member

Hroo FURSTEXSON

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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