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Office Use Only



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COVER LETTER

	ision of Corp		
SUBJECT:	FRESH SEA	ASONS LLC	
SUBJECT.		Name of Limited Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are submitted for filing.	
Please return	all correspor	ondence concerning this matter to the following:	
		MAURICIO ROJAS	
		Name of Person	
		FRESH SEASONS LLC	
		Firm/Company	
		3318 DAY AVE UNIT 7	
		Address	
		MIAMI FL 33133	
		City/State and Zip Code	
		MROJAS@REDROAD.US	
For further in	nformation co	E-mail address: (to be used for future annual report notification) oncerning this matter, please call:	
MAURICIO	ROJAS	786 3127771 at (
	Name of		
Enclosed is a	check for the	he following amount:	
\$25.00 F	iling Fee	(additional copy is enclosed) Certified C	e 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

FILED

ARTICLES OF ORGANIZATION DEC 14 AM 11: 53

OF

SECULTARI DE STATE TALLAMASSEE, EL ORIDA

FRESH SEASONS LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

\(\cdot \cdot \cdo	(A Florida Limited I	Liability Company)							
The Articles of Organization for this Limited Liability Company were filed on DECEMBER 09, 2015 and assigned Florida document number L15000011761									
This amendment is submitted to amend the following	owing:								
A. If amending name, enter the new name of	f the limited liab	ility company here:							
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation	n "LLC" or the abbreviation "L.L.C."						
Enter new principal offices address, if applic	able:	8900 NW 35TH LANE							
(Principal office address MUST BE A STREE		SUITE 100							
	_1	MIAMI, FL 33172							
Enter new mailing address, if applicable:		3318 DAY AVE UNIT 7							
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	MIAMI, FL 33133							
B. If amending the registered agent and/ registered agent and/or the new registered of			ecords, enter the name of the new						
Name of New Registered Agent:	MAURICIO R	OJAS							
New Registered Office Address:	3318 DAY AV	E UNIT 7							
New Neglatered Office Address.	Enter Florida street address								
	MIAMI		, Florida 33133						
		City	Zip Code						
New Registered Agent's Signature, if changing F	Registered Agent:								
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as regibeing filed to merely reflect a change in the company has been notified in writing of this	er and complete stered agent as p registered office	performance of my dut provided for in Chapter	ies, and I am familiar with and 605, F.S. Or <u>, if this doc</u> ument is						

Page 1 of 3

• 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 **Type of Action Address** Title Name MAURICIO ROJAS MGR 3318 DAY AVE, UNIT 7 _**■** Add MIAMI. FL 33133 □ Remove ☐ Change 6280 NW 186TH STREET MGR JAIME PENARANDA _□ Add HIALEAH, FL 33015 **■** Remove ☐ Change 3550 NW 85TH COURT APT 666 MARIO BAEZ □ Add MIAMI FL 33122 Remove ☐ Change □ Add □ Remove _□ Change _□ Add □ Remove ☐ Change □ Add □ Remove

□ Change

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(If an cf <u>Note:</u>	DECEMBER 09, 2015 (optional) Tective 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 60 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liment's effective date on the Department of State's records.	05.0207 (3) sted as the	(b) :
If the re (b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear 90th day after the record is filed.	lier of:	
Dated	DECEMBER 09 2015		
	Signature of a prember or authorized representative of a member		
	MAURICW FOTAS Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00