Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000252055 3)))



H150002520553ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : HISPANUSA INC Account Number : I20070000099 Phone : (954)478-2706 Fax Number : (954)934-0334

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

Email	Address:			

OCT 21 PRID: II

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN COLOMBO AMERICAN TROPICAL FRUIT LLC

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

K. S.ALY EXAMINER OCT 22 2015

Electronic Filing Menu

Corporate Filing Menu

Help

## **COVER LETTER**

TO:	Registration S Division of Co			
SUBJ	COLOMB	O AMERICAN TROPICAL F	RUITLLC	
3023		Name of Lin	nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all corresponden	ondence concerning this matter	to the following:	
		LEG	ONARDO F. ROMERO HORTU	A
		——————————————————————————————————————	Name of Person	
			MANAGER	
			Firm/Company	
		6642 VIA REGINA		·
			Address	
		BOCA RATON FL 33433	<u></u>	
			City/State and Zip Code	
		hispanusa@hotmail.com E-mail address: (	to be used for future annual report no	tification)
For fur	ther information c	oncerning this matter, please c	all:	
LEON	ARDO F. ROMEI	RO HORTÚA	561 800-9948	
	Name o	f Person		ne Telephone Number
Enclose	ed is a check for the	ne following amount:		
□ \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
·	Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COUR Registration Section Division of Corporation Building Clifton Building 2661 Executive C Tallahassee, FL 3	orations enter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

P. 003

FILED

2015 OCT 21 AM 9: 41

SECRETARY OF STATE
ALLAHASSEE, FLOOR

COLOMBO AMERICAN TROPICAL FRUIT 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 I	Liability Company	were filed on <u>02/28/201</u>	5 and assigned
Florida document number L15000040223	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liabi	lity company here:	•
The new name must be distinguishable and contain the	words "Limited Liabili	ty Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	6642 VIA REGINA	
(Principal office address MUST BE A STREE		BOCA RATON, FL 33	3433
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>		
B. If amending the registered agent and registered agent and/or the new registered o			records, enter the name of the nev
Name of New Registered Agent:	LEONARDO F.	ROMERO HORTUA	
New Registered Office Address:	6642 VIA REGI	NA	•
		Enter Florida stree	n address
	BOCA RATON		, Florida <sup>33433</sup>
		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 fability company has been notified in writing of this change.

If Changing Registered Agent, Signature AL Now 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>	Name	Address	Type of Action
LMGR	TITO J. MUNOZ	9338 SW 3RD ST APT 504	
		BOCA RATON, FL 33428	■ Remove
			Change
MGR	JENNY L. VERA GONZALEZ	9338 SW 3RD ST APT 504	Add
		BOCA RATON, FL 33428	☐ Remove
			☐ Change
		· · · · · · · · · · · · · · · · · · ·	☐ Remove
			☐ Change
<del></del>			ZOLGAND TO LUAHA
			SSE Premove
			9: 4-Md
			П Remove
			☐ Change
<del></del>	· 		
			☐ Remove
			□ Change

		<u> </u>		
				2
******			<del>\$</del>	- E - M
				2 1
			(	STATE
				75 <b>9</b>
				- B
				500
		· · · · · · · · · · · · · · · · · · ·		
· • •				
		~		
<del></del>		····		
			•	
ffective date, if other than the c	10/20/20		(optiona	I)
an effective date is listed, the date must ote: If the date inserted in this block	be specific and cannot be pr	ior to date of filing or mo	re than 90 days after filin	g.) Pursuant to 605,020
ocument's effective date on the Dep	partment of State's recor	ds.	, and warming and the	whi have a more a
	•			
		not an effective ti	me, at 12:01 a.m	. on the earlier o
	ru is fileo.		-1	
e record specifies a delayed The 90th day after the reco				
The 90th day after the reco	2015			
The 90th day after the reco			4/	
The 90th day after the reco		mondo o ma		