MAY/17/2017/WED 05:12 PM FAX, No. P. 001 5/17/2017 Division of Corporations 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. (((H17000135569 3))) H170001355693ABC4 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 : EXPRESS CORPORATE FILING SERVICE INC. Account Number : I2000000146 : (305)444-4994 Phone Fax Number : (305)444-4977 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address: LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DECOFRUTA KENDALL, LLC Certificate of Status 0 ZAMAYIT PH 4:57 , H Certified Copy 0 04 Page Count 5 \$25.00 Estimated Charge 20

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FAX No.

DECOFRUTA KENDALL, 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 05/19/2015 and assigned Florida document number L15000088611

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 "LLC."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

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:	MARIA ROSA ALAIMO STRAZZERI			
New Registered Office Address:	6380 NW 97 AVE			
	Enter Florida street address			
·,	DORAL	÷	Florida ³³¹⁷⁸	
		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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Rog ed Agent, Signature of New Registered Agent

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P. 002

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MAY/17/2017/WED 05:13 PM	FAX No.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> or removed from our records: P. 003

<u>Title</u>	Name	Address	Type of Action
MGR	ROBERTO GENTILE	9562 NW 41 STREET	د bbA ت
		DORAL, FL 33178	
			Change
MGR	CARLOS DURAN	9562 NW 41 STREET	🗆 Add
		DORAL, FL ¹ 33178	Remove
			Change
MGR	FRANCISCO A. CASELI	11875 \$W 152 PLACE	🖾 Add
		MIAMI, FL 33196	E Remove
			Change
<u>s</u> <u>Haria Rosa</u> Alaimo Strazzel	CARLA RENDON	9562 NW 41 STREET	DAd
		DORAL, FL 33178	D Remove
			Change
	Haria Rosa	13815 SW 88 ST	ia Add
	Alaimo Strazzeri	نلاً. MIAMI, FL/33186	Remove
			Change
	ANGEL CASANOVA	13815 SW 88 ST	DbA 🗐
		MIAMI, FL 33186	
			Change

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

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		, 2017	
		,	
	QAF	Signature of a member or authorized representative of a) member
		Roberto	Gentile
		Typed or printed name of signee	

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