L15000091717

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cup incr.	MiaFruta LL.	С			TES TO
SUBJECT:		Name of Lim	ited Liability Company	7	The state of the s
The enclose	d Articles of A	mendment and fee(s) are sub	mitted for filing.		10.03
Please return	n all correspon	dence concerning this matter	to the following:		
		Teodora Nica			
			Name of Person		
		MiaFruta LLC	Name of Person		
			Firm/Company		
		770 Claughton Island Dr. 7			
		1	Address		
		Miami, FL, 33131			
		teodoranica@miafruta.com	City/State and Zip Code		
		E-mail address: (to be used for future annual report notifi	cation)	
For further i	nformation co	ncerning this matter, please ca	all:		
Teodora Nic	ea		305 5463559		
	Name of	Person	at () Area Code Daytime	Telephone Number	
Enclosed is	a check for the	following amount:			
□ \$25.001	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

ARTICLES OF		AND SER TO SER T
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ARTICLES OF C	PRGANIZATION	
0)F	THE CO
MiaFruta LLC		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.)	
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , ,	
The Articles of Organization for this Limited Liability Company	were filed on 02/03/2019	and assigned
Florida document number L15000091717		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
A. If affecting hanc, enter the new hanc of the limited has	mey company here.	
		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
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 of	ffice address on our records, e	nter the name of the new
registered agent and/or the new registered office address her		
Name of New Registered Agent:		
name of their registered regula.	M. 81	
New Registered Office Address:		
	Enter Florida street address	
	, Florid	a
	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>	Name	<u>Address</u>	Type of Action
AMBR	Viorel Nica	770 Claughton Island Dr 709 Miami, Fl, 33131	Add
			□ Remove
		Change title to MGR	= Change
			Add
			☐ Remove
			Change
			Add
			□ Remove
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ective date, if other than the effective date is listed, the date must be: If the date inserted in this bloument's effective date on the De	t be specific and cannot be priced to the specific and cannot be specified applied.	or to date of filing or more that icable statutory filing requ	(optional) n 90 days after filing.) Pursuant to 60 irements, this date will not be list	05.0207 sted as
record specifies a delayed he 90th day after the reco	effective date, but nord is filed.	ot an effective time,	at 12:01 a.m. on the ear	lier of
ard of February	2019			
	10 1/1	-		

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Typed or printed name of signee

Filing Fee: \$25.00