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COVER LETTER

| TO: | Registration Sec Division of Corp | | 5 | · , | | |
|--|--------------------------------------|--|---|---|--|--|
| | V & M FRE | SH PRODUCE LLC | | • | | |
| SUBJECT: Name of Limited Liability Company | | | | | | |
| The c | enclosed Articles of A | Amendment and fee(s) are sub- | mitted for filing. | | | |
| Pleas | e return all correspoi | ndence concerning this matter | to the following: | | | |
| | | EMILIA MERCHAN | | | | |
| | | | Name of Person | ······································ | | |
| | | V & M FRESH PRODUCE | ELLC | | | |
| | | | Firm/Company | | | |
| | | 5302 E DIANA STREET | | | | |
| | | | Address | | | |
| | | TAMPA FL 33610 | | | | |
| | | | City/State and Zip Code | | | |
| | | EMILY13200@YAHOO.Co | | | | |
| | | E-mail address: (t | to be used for future annual report notif | ication) | | |
| For fi | urther information co | oncerning this matter, please ca | all: | | | |
| ЕМП | LIA MERCHAN | | 813 802-2357 | | | |
| | Name of | Person | Area Code Daytime | Telephone Number | | |
| | | • | | | | |
| Enclo | osed is a check for th | e following amount: | | | | |
| ■ S | 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| V & W PRESH PRODUCE LLC | | J-) |
|---|--|---------------------------------|
| (<u>Name of the Limited Liability Co</u> r (A Florida Limi | mpany as it now appears on our recorted Liability Company) | <u>as.</u>) |
| The Articles of Organization for this Limited Liability Compa | any were filed on 06/15/2015 | and assigned |
| Florida document number L15000104351 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, <u>enter the new name of the limited l</u> | liability company here: | |
| The new name must be distinguishable and contain the words "Limited L | iability Company," the designation "LL | C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRESS | <u> </u> | |
| | | <u> </u> |
| | | 26 9 |
| nter new mailing address, if applicable: | | SS 9 |
| Mailing address MAY BE A POST OFFICE BOX) | | mg P |
| | | FLORIBE |
| | | RIBI |
| If amending the registered agent and/or registered egistered agent and/or the new registered office address | | ls, enter the name of the |
| egistered agent and/or the new registered office address | <u>nere</u> : | |
| Name of New Registered Agent: | | |
| | | |
| New Registered Office Address: | Enter Florida street addre | 255 |
| | T | la |
| | , F , F | lorida 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.

Emilia Menekon

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> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|-------------|------------------|---|
| MGR | MONICA VEGA | 5302 E DIANNA ST | Add |
| | | TAMPA FL 33610 | ■ Remove |
| | • | | ☐ Change |
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| etive date, if other than the date of filing: Hetive date is listed, the date must be specific and cannot be prior If the date inserted in this block does not meet the applicament's effective date on the Department of State's records. | to date of filing or | more than 90 days a | ptional) Her filing.) Pursuan this date will not | nt to 605. be liste |
| ecord specifies a delayed effective date, but not e 90th day after the record is filed. | t an effective | e time, at 12:0 | 1 a.m. on the | earlie |
| d OCTOBER 9 | · | | | |
| Emilia Merchau Signature of a member or author | wigad ex- | vo of a manute | | |
| Signature of a member or author | mzea representati | ve of a member | | |

Page 3 of 3

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