

**L15000173885**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

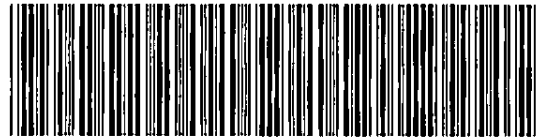
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**AUG 13 2019**  
**S. YOUNG**

**FILED**  
**19 AUG -6 PM 1:52**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Antonio & Sons Produce, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Antonio Robles  
Name of Person

A&B Exchange LLC  
Firm/Company

4927 Emilee Grace Lane  
Address

Saint Cloud, Florida 34771  
City/State and Zip Code

bernadette.legal@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Antonio Robles at (321) 732-0383  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$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**

Antonio & Sons Produce, LLC

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

FILE  
19 AUG - 6 PM 1:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on October 13, 2015 and assigned Florida document number L15000173885.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here: A&B Exchange LLC

The new name must be distinguishable and contain the words "Limited Liability 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)

4927 Emilee Grace Lane  
Saint Cloud, Florida 34771

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4927 Emilee Grace Lane  
Saint Cloud, Florida 34771

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:

~~A&B Exchange LLC~~

New Registered Office Address:

4927 Emilee Grace Lane

Enter Florida street address

Saint Cloud

City

, Florida

34771

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:

N/A

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Change

[illegible]

(If an effective 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 605.0207 (3)(b)

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**

08/03/2019

C. Kall:

Signature of a member or authorized representative of a member

Antonio Robles

Typed or printed name of signee

# Certificate of Status

Copy  
\*We wish to reinstate and  
amend this LLC\*  
\*The New LLC Name  
Should be  
"A&B Exchange LLC"

I certify from the records of this office that ANTONIO & SONS PRODUCE, LLC, is a limited liability company organized under the laws of the State of Florida, filed electronically on October 13, 2015, effective October 12, 2015.

The document number of this company is L15000173885.

I further certify that said company has paid all fees due this office through December 31, 2015, and its status is active.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

Authentication Code: 151013160924-800278030658#1

Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this the  
Thirteenth day of October, 2015



*Ken Detzner*  
Ken Detzner  
Secretary of State

**AFFADAVIT OF ANTONIO ROBLES RAMOS  
AND BERNADETTE RODRIGUEZ  
(HUSBAND AND WIFE)**

STATE OF FLORIDA  
COUNTY OF ORANGE

The undersigned ANTONIO ROBLES RAMOS AND BERNADETTE RODRIGUEZ (collectively, "We" or "we"), being first duly sworn, do hereby state under oath and under penalty of perjury that the following facts are true:

1. We are over the age of 18 and we are residents of the State of Florida, we have personal knowledge of the facts herein, and, if called as a witness, could testify completely thereto.
2. We suffer no legal disabilities and personal knowledge of the facts set forth below.
3. I, Antonio Robles Ramos, husband of Bernadette Rodriguez, am the owner of the limited liability company named A & B Exchange LLC with document number L19000162135. I am listed as the Registered Agent and Bernadette is listed as the Authorized Person/Manager. We seek to dissolve this limited liability company and close it as it was opened in error on our part. The limited liability company was never used in any capacity. We did not know that we could amend our old/preexisting limited liability company listed in Item 4 below.

*A copy of the original llc certificate with document number, a **Dissolution of a Florida Limited Liability Company** packet, and the required payment in the form of a check in the amount of \$55.00 is attached for your review and processing as number Packet 1.*

4. Next, we have an older/preexisting limited liability company named Antonio & Sons Produce, LLC. with the document number L15000173885. I am listed as the Registered Agent and both Bernadette Rodriguez and I are listed as Authorized Persons/Manager. Bernadette Rodriguez and I desire to amend the limited liability company name and address to the following. The new limited liability company name should be: A & B Exchange LLC. The new address should be changed to: 4927 Emilee Grace Lane, Saint Cloud, Florida 34771.

*A copy of the llc certificate and document number, an **Amendment to the Articles of Organization of a Florida Limited Liability Company** packet, and the required payment in the form of a check in the amount of \$60.00 is attached for your review and processing as Packet 2.*

*[Signatures on next page]*

I declare that, to the best of my knowledge and belief, the information herein is true, correct, and complete.

Executed this 3 day of August, 2019.

Antonio Robles Ramos

Antonio Robles Ramos

Bernadette Rodriguez

Bernadette Rodriguez

### NOTARY ACKNOWLEDGEMENT

STATE OF FLORIDA, COUNTY OF ORANGE, ss:

The foregoing Affidavit was acknowledged before me this 3 day of August, 2019 by Antonio Robles Ramos and Bernadette Rodriguez, are personally known to me or who have produced FI DL as identification, and being first duly sworn on oath according to law, deposes and says that they have read the foregoing Affidavit subscribed by both of them, and that they matters stated herein are true to the best of their information, knowledge and belief.



Darcy Aguilera  
NOTARY PUBLIC  
STATE OF FLORIDA  
Comm# GG059593  
Expires 1/4/2021

Darcy Aguilera

Signature of person taking acknowledgement

Darcy Aguilera

Name typed, printed or stamped

Notary

Title or Rank

Serial Number (if applicable)