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FEB 24 2016 J. YKUCE

COVER LETTER

Division of Corporations	
SUBJECT: Rime Fresh Products, 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:	
PRIME FRESH PRODUCTS, LLC. Firm/Company 13/6 NW 78 Ave. Address MIAMI, Fl. 33/26 City/State and Zip Code OZAM 6RANO @ PRIME Air CARGO. Com E-mail address: (to be used for future annual report notification)	Contraction of the contraction o
For further information concerning this matter, please call:	
Omar A. Zambrano at (786) 253-83/3 55 Name of Person Area Code Daytime Telephone Number 55	Ú
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee & Certified Copy (additional copy is enclosed) \$25.00 Filing Fee & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

.

Registration Section

TO:

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

The Articles of Organization for this Limited Liability Company were filed on Ortholox 15 2015 and assigned Florida document number \$\(\) \(\)

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	Address	Type of Action
PT	Rogen Panedes	13/6 NW 78 AVE	
	V .	13/6 NW 78 AVE Mia, Fl. 33126	Remove
^			Change
PT	OMAR A. ZAMBRAN	0 13/6 NW 78 Ave	7 . □ Add
		Miami Fl 33/26	
	_	, 	Change
19R	TUAN A. GALARRAGA	P.D. BOX 526764	Add
V	• 0 0	P.O. Box 526764 Mid, F.D. 33152	S Demove
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an effective da	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 e inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed	.0207 ed.as
	ctive date on the Department of State's records.	Ju 4.5
	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie ay after the record is filed.	er o
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Page 3 of 3

Filing Fee: \$25.00