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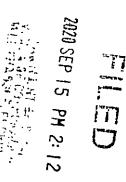
(Re	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	

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OCT 24 2020 S. YOUNG

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations	.	
SUBJECT:	KONGELA		•	
			nited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sul	omitted for filing	
			•	
riease return	an correspo	ondence concerning this matter	to the following:	
		JUAN P CELIS ALZATE	:	
			Name of Person	
		-	Firm/Company	
		11882 SW 13TH STREET	Γ	
			Address	
		PEMBROKE PINES, FL.	33025	
			City/State and Zip Code	<u> </u>
		JCELIS@CONGELATOC		
		E-mail address: (to be used for future annual report no	tification)
For further in	iformation co	oncerning this matter, please c	afl;	
JUAN P CE	LIS ALZAT	Е	786 659-5505	
	Name of	Person	at () Area Code Daytii	ne Telephone Number
Enclosed is a	check for th	e following amount:		
≘ \$25.00 F		-	Chessoo cur e a	T 0/0 00 mm m
= \$20.00 F	ming rec	☐ \$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)
	ling Address		Street Address:	
	istration S ision of Co	orporations	Registration Se Division of Co	
	. Box 632	•	The Centre of	

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

KONGELATO LLC

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	28
The Articles of Organization for this Limited Liability Company		and assigned
	were filed on	and essigned
Florida document number L15000193189		3000
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
KONGELATO CITRUS LLC		. 2
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:	10957 NW 123RD STREET	
(Principal office address MUST BE A STREET ADDRESS)	MEDLEY, FL 33178	
Enter new mailing address, if applicable:	10957 NW 123RD STREET	
(Mailing address MAY BE A POST OFFICE BOX)	MEDLEY, FL 33178	
D. 16		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
	<u> </u>	
New Registered Office Address:	Enter Florida street address	
	rmer r ariaa sireet aaaress	
	, Florid:	
	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 heing 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

Title	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
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010, 11	e date, if other than the date of filing:
record is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
ited	September 05. 2020
	Signature of a member or authorized representative of a member
	Tuan Pablo Celis Alzate Typed or printed name of signee

Filing Fee: \$25.00