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COVER LETTER

Division of Cor			
VERDE FR	RUITS COMPANY LLC		
SUBJECT:			
	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	ERIC P GROS-DUB	OIS, ESQ.	, ,
	EPGD ATTORNEYS AT I	Name of Person	
	END IN TORNETON		
	777 SW 37TH AVENUE,	Firm/Company SUITE 510	
		Address	
	MIAMI, FL 33135		
	ERIC@EPGDLAW.C	City/State and Zip Code OM	
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Name (of Person	at ()	e Telephone Number
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\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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Division of Corporations		Division of Cor	poranons

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

20 th 19 th 11 18 VERDE FRUITS COMPANY LLC (Name of the Limited L The Articles of Organization for this Limited Liability Company were filed on ______ and assigned Florida document number L16000025918 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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 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> MGR	Name Vicente Wong	<u>Address</u> PO Box 140141	Type of Action
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		Coral Gables, FL 33141 ES	Remove
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document's effective date on the				
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