L160000 47099

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

Office Use Only



700326369077

03/20/19--01018--005 **25.00

2019 MAR ZU AM 8: 32

C. GOLDEN MAR 3 0 2019

COVER LETTER

TO:	Registration Se Division of Co			
SUBJI	7 (777)	MERICA FOOD DISTRIBUTO	ORS LLC	
30031		Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
Tt		ALEX PARRA		
			Name of Person	
St				
			Firm/Company	
		3805 CROSSROADS PAR	RKWAY	
			Address	.
ť		FORT PIERCE, FL 34945		
'nι		APARRA@LATINAMERI	City/State and Zip Code CAFOOD.COM	
		E-mail address: (to be used for future annual report no	otification)
For fur	ther information of	concerning this matter, please co	all:	
ALEX	PARRA		917 832-0241	
	Name o	of Person		me Telephone Number
Enclos	ed is a check for t	he following amount:		
\$2.	5.00 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)
Fr				
1.	Regist Divisio P.O. B	AING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUR Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL 1	orations Center Circle

~ !

73

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

LATIN AMERICA FOOD DISTRIBUTORS LLC

2019 MAR 20 AM 8: 32

A. If am	nending name, enter the new name of the	limited liability company here:	
The name of	ame must be distinguishable and contain the words	Finite data in Little Community and a data of the party	I C' and a About in C P
			LC or the appreviation (L.L.C.
.:	ew principal offices address, if applicable:		
(Principa	al office address MUST BE A STREET AL	ODRESS)	
fFI			
Enter ne	w mailing address, if applicable:		
(Mailing	address MAY BE A POST OFFICE BOX		
B. If a	mending the registered agent and/or re	egistered office address on our reco	ords, enter the name of the new
	mending the registered agent and/or reed agent and/or the new registered office a		ords, enter the name of the nev
registere	ed agent and/or the new registered office a		ords, enter the name of the nev
registere			ords, enter the name of the nev
registere	ed agent and/or the new registered office a	nddress here:	
registere	ed agent and/or the new registered office a		
registere	ed agent and/or the new registered office a	Enter Florida street add	dress Florida
registere	Name of New Registered Agent: New Registered Office Address:	Enter Florida street add	dress
registere	ed agent and/or the new registered office a	Enter Florida street add	dress Florida
registere (? Tr New Registere	Name of New Registered Agent: New Registered Office Address: istered Agent's Signature, if changing Regist accept the appointment as registered age	Enter Florida street add City ered Agent: ent and agree to act in this capacity. I	further agree to comply with the
negistere (i) I p New Regi Ehereby provision	Name of New Registered Agent: New Registered Office Address: istered Agent's Signature, if changing Regist accept the appointment as registered agents of all statutes relative to the proper an	Enter Florida street add City ered Agent: ent and agree to act in this capacity. I d complete performance of my duties,	fress Florida Zip Code further agree to comply with the and I am familiar with and
negistere (?) i y ! New Regi Ehereby provision accept th	Name of New Registered Agent: New Registered Office Address: istered Agent's Signature, if changing Regist accept the appointment as registered age	Enter Florida street add City ered Agent: ent and agree to act in this capacity. I d complete performance of my duties, d agent as provided for in Chapter 60	fress Florida Zip Code further agree to comply with the and I am familiar with and 15, F.S. Or, if this document is

 $\mathcal{O}_{\mathcal{O}}$

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>	Address	Type of Action
AR	ALEX I PARRA	3901 PARKHOUSE DR	
ÄR Lo			Add
ret De		ORLANDO, FL 32824	
. '		·	Remove
9f 9f			
#			Change
AR	MICHAEL PARRA	3901 PARKHOUSE DR	
		ORLANDO, FL 32824	
			■ Remove
K		-	Remove
			Change
1.2	LUIS I PARRA	3901 PARKHOUSE DR	
AR			□ Add
7.		ORLANDO, FL 32824	
			Remove
			Change
AR	EDWARD PARRA	3901 PARKHOUSE DR	
<u> </u>	·		Add
		ORLANDO, FL 32824	
Al			Remove
**			5 c)
.•			Change
			Add
			□ Remove
P_{t}			
•			Change
<u> -:</u>			
			□ Remove
			Change

		
		
_		
_		
_		
_		
	03/01/2019	
<u>ote:</u> 11	date, if other than the date of filing:	0207 (d as t
reco The 9	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie h day after the record is filed.	er of:
ited N	RCH I 2019	
	Man Piana	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00