# 160000106-111

(Requ	uestor's Name)	<del></del>
(Addı	ress)	
	ress)	
(City/	/State/Zip/Phor	ne #)
PICK-UP	WAIT	MAIL
(Busi	iness Entity Na	me)
(Doc	ument Number	)
Certified Copies		
Special Instructions to Fi	iling Officer:	

Office Use Only



800302146808

08/10/17--01008--005 \*\*25.00



○ SIMMONS AUG 1 1 2017

## **COVER LETTER**

	gistration Se vision of Cor			
WE LEGT		SINO PRODUCE LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please returi	n all correspo	ndence concerning this matter	to the following:	
		JERONIMO ABREU		
			Name of Person	- <del></del>
		EL CAMPESINO PRODU	FCE LLC	
			Firm/Company	
		2935 E HILLSBOROUGF	IAVE	
			Address	
		TAMPA, FL 33610		
			City/State and Zip Code	
		E-mail address: (	to be used for future annual report notif	ication)
For further i	nformation co	oncerning this matter, please c	all:	
JERONIMO	ABREU		at ( <b>862</b> ) 288 · 5	763
Name of Person			Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
<b>€</b> \$25.00 F	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

TO:

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

61 Ca	impesino Produce LLC
( <u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number	ability Company," the designation "LLC" or the abbreviation "LC."
A. If amending name, enter the new name of the limited lia	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the abbreviation "L.C."
Enter new principal offices address, if applicable:	2935 E. Hillsborough Ave Tampa, Fl. 33610
Principal office address MUST BE A STREET ADDRESS)	-lampa, 71. 33610
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2935 E. Hillsbaraugh Ave Tompa, Fi. 33610
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, enter the name of the new ere:  N/A  Only address  Enter Florida Sever address  79, Fl. 33610 Florida  City Zip Code
Name of New Registered Agent:	N/A (only addiess)
New Registered Office Address: 2935	E Hillsboragh the
Ten	rmer rioriau sweet aadress
- I wash	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 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 Rogistered Agent, Signature of New Registered Agent

Page 1 of 3

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
		· ·	□ Add
			☐ Remove
			Change
			□ Remove
			Change
			Add AUGave Parking Par
			Slo Remove T
			□ Aqu
		<del> </del>	☐ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			☐ Remove
			Change

	<del> </del>					··				•
-		<u></u>								-
	<u>.</u>									•
		. <u> </u>								-
										-
								· ·		-
										-
					<u>.</u>	<del>.</del>		•		-
					<u> </u>					-
							<u> </u>			-
	<u> </u>						. <u></u> .	<del></del>	<u>.</u>	- 
		· · · · · · · · · · · · · · · · · · ·							DIVISION C	A A
				1.						5
<del></del>										P
-			· · · · · · · · ·					<u>;</u>	ت -	<u>.</u>
	<u>.</u> .							·	, <u>u</u>	ন -
Effective o	date, if other than	the date of fi	ling:				(optior	ıal)		
fan effectiv <u>Note:</u> If th	e date is listed, the dat ne date inserted in the s effective date on t	e must be specific iis block does n	and cannot of meet the	e applicab		or more than !	00 days after fi	ling.) Pursuan		
	l specifies a dela th day after the			but not a	an effecti	ve time, a	: 12:01 a.	m. on the	earli	er o
Dated	August	8	. 2	7/01						
	<i>U</i>		<u> </u>	•	•					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00