LIGOOIZGO37

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

Office Use Only



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AUG 2 3 2016 Y SULKER

COVER LETTER

TO: Registration S Division of Co			
So Fresh is SUBJECT:	mports, LLC.		
SCHOLET.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Robert Vesco		
		Name of Person	
	So Fresh Imports, LLC.		
		Firm/Company	
	1378 NW 22 Avenue		
		Address	
	Miami, FL 33142		
		City/State and Zip Code	
	- ·	m & ap@sofreshproducefl.com	
		to be used for future annual report no	otification)
For further information of	concerning this matter, please ca	all:	
Robert Vesco		786 534-9925	
Name o	of Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

y Company as it now appears on our record Limited Liability Company)	<u>.</u>
ompany were filed on July 1, 2016	and assigned
ted liability company here:	
ted Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
ESS)	
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ered office address on our record ess here:	s, enter-the name of the no
Enter Florida street addres	······································
, Flo	orida
	ted liability company here: ted Liability Company," the designation "LLC ESS) ered office address on our records ess here: Enter Florida street address , Florida stree

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>	<u>Name</u>	Address	Type of Action
AMBR	Enrique Palacios Fuentes	18 Calle 19-08	Add
		Guatemala, GU 01010 GU	Remove
			☐ Change
AMBR	Christopher James Fries	5592 SW 114 Avenue	■ Add
		Cooper City, FL 33330	Remove
			☐ Change
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Page 3 of 3

Filing Fee: \$25.00