

L17000247600

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

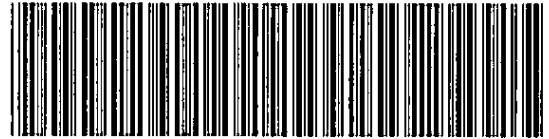
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SECRETARY OF STATE  
TALLAHASSEE, FL

D. BRUCE  
OCT 25 2020

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SIEMBRA FRESH, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

HOYOS, ANGELICA M  
Name of Person  
SIEMBRA FRESH, LLC  
Firm/Company  
6021 SW 97th AVE  
Address  
MIAMI, FL 33173  
City/State and Zip Code  
jnarvaez99@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angelica M. Hoyos 917 288-8845  
Name of Person at ( ) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 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)

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

SIEMBRA FRESH, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/04/2017 and assigned Florida document number L17000247600.

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:**

SIEMBRA FRESH LLC

**(Principal office address MUST BE A STREET ADDRESS)**

6021 SW 97th Ave

Miami, FL 33173

**Enter new mailing address, if applicable:**

SIEMBRA FRESH LLC

**(Mailing address MAY BE A POST OFFICE BOX)**

6021 SW 97th Ave

Miami, FL 33173

**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:**

Jesus A. Narvaez

**New Registered Office Address:**

6021 SW 97th Ave

*Enter Florida street address*

Miami

Florida

*City*

33173  
*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 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	RODRIGUEZ, OSCAR R	732 NW 125TH CT	<input type="checkbox"/> Add
		MIAMI, FL 33182	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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VALLEJO, CALIF.

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COLLEGE OF  
FALL 1950

September 2, 2020

**(optional)**

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated September 1 2020

ANGELICA M. HOYOS

Typed or printed name of signee

**Filing Fee: \$25.00**