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COVER LETTER

ECO ALIMENTOS DE VENEZUELA CA LLC SUBJECT: 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: Dino F De Sario Name of Person Firm/Company 2061 NW 112 Ave # 133 Address Miami, FL 33172 City/State and Zip Code granbarru2005@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Dino F De Sario 786 7510-1394 Name of Person Daytime Telephone Number Area Code Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55,00 Filing Fee & □ \$60.00 Filing Fcc, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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

ECO ALIMENTOS DE VENEZUELA CA LLC

(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability Company were filed on Florida document numberL18000035237	02/07/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company h	<u>iere</u> :	
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)		TALLAH
	.	EC 2
B. If amending the registered agent and/or registered office address or	n our records, ente	်း က <u>မျာ</u>
registered agent and/or the new registered office address here:	· <u></u>	H 6: 2
Name of New Registered Agent:		
New Registered Office Address:		
Enter Flo	orida street address	
	, Florida _	
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 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 addec or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing of the date inserted in this block does not meet the applicable statutory focument's effective date on the Department of State's records.	(optional) or more than 90 days after filing.) Pursuant to filing requirements, this date will not be	605.020 listed a
e record specifies a delayed effective date, but not an effectiv	ye time at 12:01 a.m. on the ea	rlige /
The 90th day after the record is filed.	e dine, at 12.01 a.m. on the ea	inei (
atcd 11/01/2018		
John much		
Signature of a member or authorized representa	tive of a member	
Dino F De Sario		

Page 3 of 3

Filing Fee: \$25.00