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(Re	questor's Name)	
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COVER LETTER

	egistration Sec Pivision of Corp		•	
SUBJECT		ENTOS DE VENEZUELA CA	A LLC	
SOMECI	•	Name of Limi	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please retu	ırn all correspor	ndence concerning this matter	to the following:	
		DINO F DE SARIO		
			Name of Person	filing. Dowing: The of Person Address The and Zip Code The annual report notification Th
			Firm/Company	
		10410 NW 69th TER		
		MIAMI, FL. 33178	Address	
			City/State and Zip Code	
		E-mail address: (t	to be used for future annual report notif	ication)
For further	r information co	oncerning this matter, please ca	all:	
DINO F I	DE SARIO		786 510-1394 at ()	
	Name of	Person	Area Code Daytime	: Telephone Number
Enclosed i	s a check for th	e following amount:		
\$25.00) Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

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

ECO ALIMENTOS DE VENEZUELA CA LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 2019 OCT 15 P 5: 32 The Articles of Organization for this Limited Liability Company were filed on $\frac{02/07/2018}{1}$ <u>_____ar___</u>and assigned Florida document number 1.18000035237 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ECO ALIMENTOS SERVICES LLC 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) 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:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

Cin

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

_, Florida __

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>	Type of Action
MGR	PALMISANO LONIGRO, ROCCO	10410 NW 69th TER	
		MIAMI, FL. 33178	
			Remove
			☐ Change
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an ef ote:	tive date, if other than the date of filing:
e re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
	October 09 2019
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Page 3 of 3

Filing Fee: \$25.00