118000080113

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J. LEGGETT MAY 0 3 2018

COVER LETTER

	Registration Sec Division of Corp	
SUBJECT		DDUCTS LLC
oo bune		Name of Limited Liability Company
The enclo	sed Articles of A	Amendment and fee(s) are submitted for filing.
Please ret	urn all correspor	ndence concerning this matter to the following:
		ALFREDO BELTRE
		Name of Person
		SOLIS PRODUCE LLC
		Firm/Company
		1977 PORTOFINO MEADOWS BLVD
		Address
		ORLANDO, FL 32824
		City/State and Zip Code
		alfredobeltre@aol.com
		E-mail address: (to be used for future annual report notification)
For furthe	r information co	oncerning this matter, please call:
ALFRED	O BELTRE	321 662-5305 at ()
	Name of	Person Area Code Daytime Telephone Number
Enclosed i	is a check for the	e following amount:
₩ \$25.00	O Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) 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

SOLIS PRODUCTS 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 $\frac{03/28/2018}{1}$ and assigned Florida document number L18000080113 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SOLIS PRODUCE LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being addedor removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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E. Effective date, if other than the date of filing:(If an effective date is listed, the date must be specific and cannot be	(optional)	<0.5.00·
Note: If the date inserted in this block does not meet the approximation of the second seco	pplicable statutory filing requirements, this date will not	to 605,020 be listed a
document's effective date on the Department of State's reco	ords.	
 If the record specifies a delayed effective date, but The 90th day after the record is filed. 	t not an effective time, at 12:01 a.m. on the	earlier
Dated April 9 2018		
1/1 - 1		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00