

L18000095697

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SOUTH FLORIDA  
TALLAHASSEE, FLORIDA

K. SALY

DEC 27 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 10, 2018

ORGANIC FRUIT MARKETS LLC  
YAZIR M NIETO  
7500 NW 25TH ST, STE. 237  
MIAMI, FL 33122

SUBJECT: ORGANIC FRUIT MARKETS LLC  
Ref. Number: L18000095697

We have received your document for ORGANIC FRUIT MARKETS LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 718A00025301

2018 DEC 26 PM 3:26

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ORGANIC FRUIT MARKETS 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:

YAZIR M. NIETO

\_\_\_\_\_  
Name of Person

ORGANIC FRUIT MARKETS LLC

\_\_\_\_\_  
Firm/Company

7500 NW 25TH ST SUITE 237

\_\_\_\_\_  
Address

MIAMI, FL 33122

\_\_\_\_\_  
City/State and Zip Code

INFO@JCBSOLUTIONSINC.NET

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

YAZIR M. NIETO

1-832 946-9997  
at ( )  
Area Code Daytime Telephone Number

\_\_\_\_\_  
Name of Person

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/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
18 DEC 26 PM 1:40  
CLERK OF CIRCUIT COURT  
TALLAHASSEE, FLORIDA

ORGANIC FRUIT MARKETS 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 04/16/2018 and assigned  
Florida document number L18000095697.

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: \_\_\_\_\_

(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*

\_\_\_\_\_, 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 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>                      |
|--------------|----------------------|-----------------|--|
| MGR          | JEAN PIERRE FRANCO   | 7500 NW 25TH ST | <input type="checkbox"/> Add               |
|              |                      | SUITE 237       | <input checked="" type="checkbox"/> Remove |
|              |                      | DORAL, FL 33122 | <input type="checkbox"/> Change            |
| MGR          | YENNY L ARDILA       | 7500 NW 25TH ST | <input checked="" type="checkbox"/> Add    |
|              |                      | SUITE 237       | <input type="checkbox"/> Remove            |
|              |                      | DORAL, FL 33122 | <input type="checkbox"/> Change            |
| MGR          | JOSE A RAMIREZ NUNEZ | 7500 NW 25TH ST | <input checked="" type="checkbox"/> Add    |
|              |                      | SUITE 237       | <input type="checkbox"/> Remove            |
|              |                      | DORAL, FL 33122 | <input type="checkbox"/> Change            |
| MGR          | RAUL MARTINEZ        | 7500 NW 25TH ST | <input checked="" type="checkbox"/> Add    |
|              |                      | SUITE 237       | <input type="checkbox"/> Remove            |
|              |                      | DORAL, FL 33122 | <input type="checkbox"/> Change            |
| MGR          | MAYOLO GARCIA        | 7500 NW 25TH ST | <input checked="" type="checkbox"/> Add    |
|              |                      | SUITE 237       | <input type="checkbox"/> Remove            |
|              |                      | DORAL, FL 33122 | <input type="checkbox"/> Change            |
| MGR          | OMAR PERALTA POLITO  | 7500 NW 25TH ST | <input checked="" type="checkbox"/> Add    |
|              |                      | SUITE 237       | <input type="checkbox"/> Remove            |
|              |                      | DORAL, FL 33122 | <input type="checkbox"/> Change            |

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J. L. ARDILA

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>                   |
|--------------|-------------------------|-----------------|---|
| MGR          | ALVERTO RIVERA          | 7500 NW 25TH ST | <input checked="" type="checkbox"/> Add |
|              |                         | SUITE 237       | <input type="checkbox"/> Remove         |
|              |                         | DORAL, FL 33122 | <input type="checkbox"/> Change         |
| MGR          | ELOIZA NUÑEZ DE RAMIREZ | 7500 NW 25TH ST | <input checked="" type="checkbox"/> Add |
|              |                         | SUITE 237       | <input type="checkbox"/> Remove         |
|              |                         | DORAL, FL 33122 | <input type="checkbox"/> Change         |
| MGR          | TOMASA RIVERA GRANADOS  | 7500 NW 25TH ST | <input checked="" type="checkbox"/> Add |
|              |                         | SUITE 237       | <input type="checkbox"/> Remove         |
|              |                         | DORAL, FL 33122 | <input type="checkbox"/> Change         |
| MGR          | ANTONIO BENITEZ         | 7500 NW 25TH ST | <input checked="" type="checkbox"/> Add |
|              |                         | SUITE 237       | <input type="checkbox"/> Remove         |
|              |                         | DORAL, FL 33122 | <input type="checkbox"/> Change         |
|              |                         |                 | <input type="checkbox"/> Add            |
|              |                         |                 | <input type="checkbox"/> Remove         |
|              |                         |                 | <input type="checkbox"/> Change         |
|              |                         |                 | <input checked="" type="checkbox"/> Add |
|              |                         |                 | <input type="checkbox"/> Remove         |
|              |                         |                 | <input type="checkbox"/> Change         |

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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated November 16, 2018

Signature of a member or authorized representative of a member

Typed or printed name of signee