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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	_
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE DIVISION OF CORPURATIONS

N COOPER JUL 19 2018

COVER LETTER

	; gistration Sec ision of Corp					
SUBJECT:		ODUCE LLC				
SUBJECT		Name of Limi	ited Liability Company			
The enclosed	f Articles of A	amendment and fee(s) are sub-	mitted for filing.			
Please return	all correspor	dence concerning this matter	to the following:			
		ENDY SAMANIEGO				
			Name of Person			
			Firm/Company			
	Firm/Company 1002 SW JOHN MACCORMICK TERRACE					
			Address			
		PORT ST LUCIE , FLORI	City/State and Zip Code			
		ENDY.S@LEMOQ.MX	to be used for future annual report notific	oution)		
For further i	nformation co	ncerning this matter, please co		.auvui		
ENDY SAM	1ANIEGO		954 234-8168 at ()			
	Name of	Person		Telephone Number		
Enclosed is	a check for the	e following amount:				
□ \$25.00 I	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)		

TO:

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

•	LEMOQ PRODUCE LLC		
(Name of the Limi	ited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)	
ne Articles of Organization for this Limited I.	iability Company were filed on	07/06/18	and assigned
orida document numberL1800016366	<u>6</u>		
nis amendment is submitted to amend the fol	lowing:		
. If amending name, enter the new name o	of the limited liability company he	<u>re</u> :	
ne new name must be distinguishable and contain the	words "Limited Liability Company," the de-	esignation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if appli	cable:		-
rincipal office address MUST BE A STREE	ET ADDRESS)		
nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE			SION OF CO
. If amending the registered agent and		our records, ente	POR STATE OF
gistered agent and/or the new registered of		<u></u>	
Name of New Registered Agent:	ENDY SAMANIEGO		
New Registered Office Address:	1002 SW JOHN MACCORMICK	TERRACE	
	Enter Flor	ida street address	
	PORT ST LUCIE	Florida =	34953
	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

Α.	۱I	BR	=	Auth	orized	Mem	ber
----	----	----	---	------	--------	-----	-----

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Endy Samaniego	1002 SW John Maccormick Terr.	🗆 Add
		Port St Lucie, FL 34953	Remove
AMBR	Noe de Jesus Ruiz Rivera	Calle Catarino Issae #3485	
		Lomas de Oblatos, Guadalajara	□ Remove
		Jalisco Mexico 44700	■ Change
			Add
			□ Remove
			□ Change
			
			☐ Remove
			□ Change
	<u> </u>		Add
			☐ Remove
			Change
		-	Add
			☐ Remove
			☐ Change

This a	mend is to remo	e the SR suff	fix from both A	MBR and Reg	gistered Agent	Thank You	1	
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n effective (te: If the	ite, if other that date is listed, the dat date inserted in the effective date on t	e must be specif iis block does	fic and cannot be not meet the a	pplicable statut			filing.) Pursuant	
	specifies a del n day after the			t not an effe	ective time,	at 12:01 a	.m. on the o	earlie
ted			·	·				
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Page 3 of 3

Filing Fee: \$25.00

850-245-6000

Detail by Entity Name

Florida Limited Liability Company LEMOQ PRODUCE LLC

Filing Information

Document Number

L18000163666

FEI/EIN Number

NONE 83-1145872

Date Filed

07/06/2018

Effective Date

07/02/2018

State

FL

Status

ACTIVE

Principal Address

1002 SW JOHN MACCORMICK TERRACE

PORT ST LUCIE, FL 34953

Mailing Address

1002 SW JOHN MACCORMICK TERRACE

PORT ST LUCIE, FL 34953

Registered Agent Name & Address

SAMANIEGO, ENDY, SR

1002 SW JOHN MACCORMICK TERRACE

PORT ST LUCIE, FL 34953

Authorized Person(s) Detail

Name & Address

Title AMBR

ENDY, SAMANIEGO, SR

1002 SW JOHN MACCORMICK TERRACE

PORT ST LUCIE, FL 34953

Title AMBR

RUIZ RIVERA, NOE DE JESUS, SR

CALLE CATARINO ISSAC #3485 LOMAS D OBLATOS

GUADALAJARA, JA 44700 MX

Annual Reports

No Annual Reports Filed

Document Images

07/96/2018 - Flooda Limited Limitity

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