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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Pueblo Vie,	o Viejo LLC. mited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
		Rodriguez Name of Person Viejo Fruteria, Firm/Company	LLC.
	17000 8	Address	
	Mianii Dueblov	City/State and Zip Code iejoII@ yahoo com (to be used for fithure annual report noti	
For further information of	concerning this matter, please c		ncation)
Feli X Name o	Rodriguez	at (<u>305</u>) <u>525</u> Area Code Daytim	5138 e Telephone Number
inclosed is a check for the	he 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**

Pueblo Viejo Viejo, LLC	-			
(Name of the Limited Liability Company as (A Florida Limited Liabilit	ichow appears on our	records.)		
The Articles of Organization for this Limited Liability Company were	filed on May	117, 2019	and assi	gned
Florida document number <u>Pending</u> .	J			_
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability c	ompany here:			
Rancho Viejo Fruteria. The new name must be distinguishable and contain the words "Limited Liability Contains the words" "Limited Liability Contains the words "Limited Liability Contains the words" "Limited Liability "Liability "Liability"	LLC.			
The new name must be distinguishable and contain the words "Limited Liability Con	npany," the designation	"LLC" or the abbre	viation "L.L	.C."
Enter new principal offices address, if applicable:	···	 ,	••	
(Principal office address MUST BE A STREET ADDRESS)		· <u>·</u>	20	
			<u> </u>	
			: :	
Enter new mailing address, if applicable:			Ů	
(Mailing address MAY BE A POST OFFICE BOX)			70	
		- ··· • · ·	<u>ن</u>	<u></u>
			ဗ္ဗ	
B. If amending the registered agent and/or registered office a	ddress on our rec	cords, enter the	e name of	f the nev
registered agent and/or the new registered office address here:		· ·		
Name of New Registered Agent:			·	
New Registered Office Address:				
New Registered Office Address.	Enter Florida street a	ddress		
		Florido		
Ci	ıy.	. Florida	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:

or removed from our records:	·	
MGR = Manager		
AMBR = Authorized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			Change
			_ _
			□ Remove
		_	☐ Change
			☐ Remove
			□ Change
		□ Add	
			Remove
			Change
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			☐ Remove
			☐ Change
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
			□ Remove
			☐ Change

	<u></u>
<u>Note</u>	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	May 3+d 2019
	Signature of a member or authorized transcentation of a member
	Signature of a member or authorized representative of a member Felix M. Rod Figue Z Typed or printed name of signee

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Filing Fee: \$25.00