## L19000174378

(Requestor's Name)	_
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(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	٦
<b>3</b>	

Office Use Only



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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: Prox	duce Distric	zutors LLC	
		ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Rey	Name of Person	
		Firm/Company	
	11924 W.J	orest Hill Blud	Su.te 10A
	Not Palu No 2 Pa	Beach, FL 334 City/State and Zip Code Coduce distraisato to be used for future annual report notific	414 s UC.com
For further information co	oncerning this matter, please ca		
Reynold P	Den te 3	at (561) 234 - Area Code Daytime	7-190 Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	\$2 \$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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRODUCE DISTRIBUTORS L	
(Name of the Limited Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)
The Articles of Organization for this Limited Liability Company were filed on _	07/05/2019 and assigned
Florida document number <u>L19000174378</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	<u>nere</u> :
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)	
	5 5
B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here:	records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	orida 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 provisions of all statutes relative to the proper and complete performance accept the obligations of my position as registered agent as provided for in being filed to merely reflect a change in the registered office address, I here	of my duties, and I am familiar with and Chapter 605, F.S. Or, if this document is

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>	Address	Type of Action
Y. P.	Paul N. Stanley	5301 10 th Ave . N	
	·	Green Acres, FL. 33463	Remove
			□ Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
		<del></del>	Change
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			□ Add
			□Remove
			Change
		<del> </del>	□ Add
		<del></del>	□ Remove
			□ Change

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note	effective date, if other than the date of filing:
the reco	ord 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 filed.
Date	d 1/8/2021 2021
	Signature of a member or authorized representative of a member
	Reynold Benitos Typed or printed name of signee

Filing Fee: \$25.00