

19000 235 444

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

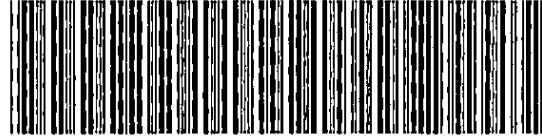
(Document Number)

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01/02/20--01012--030 **7.50

11/15/19--01018--021 **52.50

FILED
19 DEC 27 AM 9:54
TALLAHASSEE, FLORIDA

JAN 02 2020
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 16, 2019

OLENA PEREZ
ARAIZA FARMS USA, LLC
1985 S OCEAN DRIVE #MH
HALLANDALE BEACH, FL 33009

SUBJECT: ARAIZA FARMS USA, LLC
Ref. Number: L19000235444

We have received your document for ARAIZA FARMS USA, LLC and check(s) totaling \$52.50. However, the document has not been filed and is being returned for the following reason(s):

There is a balance due of \$7.50. Please return a copy of this letter to ensure your money is properly credited.

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 519A00025519

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Araiza Farms USA, 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:

Olena Perez

Name of Person

Araiza Farms USA, LLC

Firm/Company

1985 S. Ocean Dr # MH

Address

Hallandale Beach, FL 33009

City/State and Zip Code

admin@araizafarmsusa.com

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

For further information concerning this matter, please call:

Olena Perez

Name of Person

at (941) 284-1617

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount: *\$7.50 shortage of previous filing fee

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

Araiza Farms USA, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
19 DEC 27 AM 9:54
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 09/18/2019 and assigned
Florida document number L19000235444

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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: N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: N/A

(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: N/A

New Registered Office Address: N/A

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.

N/A

If Changing Registered Agent, Signature of New Registered Agent

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

IGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Roberto C. Rivera	3470 NW 82 Ave	<input type="checkbox"/> Add
		Miami, FL 33126	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
D	Salvador Araiza Esquivel	1031 Ives Dairy Rd, Ste 228	<input type="checkbox"/> Add
		Miami, FL 33179	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Olena Perez	1985 S. Ocean Dr # MH	<input type="checkbox"/> Add
		Hallandale Beach, FL	<input type="checkbox"/> Remove
		33009	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

N/A

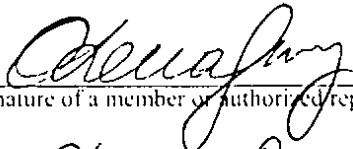
2. Effective date, if other than the date of filing: December 26, 2019 (optional)

(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 December 26, 2019.


Signature of a member or authorized representative of a member

Olena Perez

Typed or printed name of signer