L2000) 022 840

(Re	equestor's Name)	
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(Do	ocument Number)	
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COVER LETTER

TO:

	gistration Se vision of Cor			
etib træt.			2	
SUBJECT:		Name of Lim	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		ROBERTO DI LENA		
		RUITS INTERNATIONAL LLC Name of Limited Liability Company ondence concerning this matter to the following: ROBERTO DI LENA Name of Person MTR & ASSOCIATES LLC Firm/Company 1000 NW 57 CT SUITE 1040 Address MIAMI FLORIDA 33126 City/State and Zip Code gotero_bluetree@yahoo.com E-mail address: (to be used for future annual report notification) concerning this matter, please call: at (
		MTR & ASSOCIATES LI	mitted for filing. to the following: Name of Person C Firm/Company 040 Address City/State and Zip Code m to be used for future annual report notification) all: at (Area Code Daytime Telephone Number S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporations The Centre of Tallahassee	
			Firm/Company	
		1000 NW 57 CT SUITE 10	040	
			Address	
		MIAMI FLORIDA 33126		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report not	ification)
For further i	information c	oncerning this matter, please ca	all:	
ROBERTO	DI LENA			
~	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is	a check for th	ne following amount:		
\$25.00	Filing Fee	-	Certified Copy	Certificate of Status & Certified Copy
	ailing Addres			ection
	~		•	
Ρ.	O. Box 632	7	The Centre of	Fallahassee
Ta	illahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

T	0		
ARTICLES OF O	RGANIZATION		
О	F	Man Hand 26 PH 12:	
DRIED FRUITS INTERNATIONAL LLC			
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our recor- liability Company)	ds.)	
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,, ,	2, 2	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned	
Florida document number 120000022840		<u> </u>	
Tiorda document number			
This amendment is submitted to amend the following:			
4. If any discount on the the new name of the limited link	ility company horas		
A. If amending name, enter the new name of the limited liab	mty company nere.		
The new name must be distinguishable and contain the words "Limited Liabil			
Enter new principal offices address, if applicable:	320 S. FLAMINGO ROAD,	# 275	
(Principal office address MUST BE A STREET ADDRESS)	PEMBROKE PINES, FL 330	27	
[Frincipal Office duaress MUST BE A STREET ADDRESS]			
	· · · · · · · · · · · · · · · · · · ·		
	200 C. P. AMINICO DO AD. #275		
Enter new mailing address, if applicable:	320 S. FLAMINGO ROAD, # 275		
(Mailing address MAY BE A POST OFFICE BOX)	PEMBROKE PINES, FL 330)27	
B. If amending the registered agent and/or registered office a	address on our records, enter	r the name of the new registere	
agent and/or the new registered office address here:	· -		
Name of New Registered Agent:			
Traine VI Trow Treguletea, Tigeth.			
New Registered Office Address:	······································		
	Enter Florida street address		
	F	lorida	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, a provided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is	
If Chai	nging 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>	Type of Action
AMBR	NANCI M. ALVAREZ	320 S. FLAMINGO ROAD, # 275	
		PEMBROKE PINES, FL 33027	□Remove
			Change
			□Adđ
			□Remove
			□ Change
			□ Add
			Remove
			□Change
			□ Add
			Remove
			□Change
			Remove
			Change
			□Add
			Remove
			□Change

Effective date, if other than the date of filing: 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 605.02007 of Note; If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it document is effective date on the Department of State's records. 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 ord is filed. Dated MARCH 12th 2020 Signarde Composition of authorized representative of a member GUSTAVO G. OTERO					_
Effective date, if other than the date of filing:				<u> </u>	
Effective date, if other than the date of filing:					
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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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records. The erecord 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 red is filed. Dated MARCH 12th 2020 Signature of a member or authorized representative of a member					
Effective date, if other than the date of filing:					
Effective date, if other than the date of filing:					
Effective date, if other than the date of filing:					
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Signature of a member of authorized representative of a member	rd is filed.				
Signature of a member of authorized representative of a member	MARCHIDE	2020			
	Dated	. 2020	·		
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GUSTAVO G. OTERO	Sig	navare or a member of auth	orized representative of a me	moet	
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Filing Fee: \$25.00