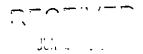
## L20000225838

(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
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## COVER LETTER

то:	Registration Sec Division of Corp			
cun u		RA PRODUCE LLC		·
SORT	ECT:	Name of Lim	ited Liability Company	<del></del>
The en	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		DIONICIO ALMONTE		
			Name of Person	
		MI BANDERA PRODUC	E LLC	
			Firm/Company	
		909 INGRAHAM AVE		
			Address	
		HAINES CITY FLORIDA	33844	
			City/State and Zip Code	<u> </u>
		ASOFL@CFL.RR.COM	to be used for future annual report noti	fication)
For fur	ther information co	oncerning this matter, please co		Heatony
DION	ICIO ALMONTE		407 952-7138	
	Name of	Person	at ()	e Telephone Number
Enclos	ed is a check for th	e following amount:		
<b>≡</b> \$2	5.00 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 S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Tallahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MI BANDERA PRODUCE LLC	유킨 JUN 28 경단 7: 0g
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000225838</u> .	were filed on 07/29/2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
· <del>-</del>	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 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 All JUN 28	7: 0 Type of Action
MGR	SANTOS, FRANCISCO	909 INGRAHAM AVE	Add
		HAINES CITY FLORIDA 33844	■ Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			Remove
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			Remove
			□ Change

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ective date, if other than the a effective date is listed, the date must te: If the date inserted in this blocument's effective date on the December 2.	t be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to $605.0$ ock does not meet the applicable statutory filing requirements, this date will not be listed
cord specifies a delayed effective s filed.	e date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
ed JUNE 25	ino almante
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