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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MARTIN ACCOUNTING & TAX SERVICE, INC

Account Number : I20060000012

: (305)826-5886

Phone Fax Number

: (305)722-0535

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FRUIT PARTNERS, LLC

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Help

From: Martin Collante

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	FRUIT PARTNERS LLC		
(Name of the Lin	olice Liabilly Company as it pow appears (A Florida Limited Liability Company)	on our records.)	<del></del>
The Articles of Organization for this Limited Florida document number	· · · · —	09/16/2020	and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability company he	<u>re</u> :	·
The new name must be distinguishable and contain the	words "Limited Liability Company," the de	signation "LLC" or the a	hbrestation "L.L.C."
Enter new principal offices address, if appl	leable:		Le co
(Principal office address MUST BE A STRE			
		···	- <del> </del>
			SS 22
Enter new mailing address, if applicable:			me Te
(Mailing address MAY BE A POST OFFICE		· <del></del>	
Manufacture Part De A TOST OF FIEL	<u> </u>		<del> 3</del> 골
II. If amending the registered agent and/or ogent and/or the new registered office addronated Agent:  Name of New Registered Agent:	esa here:		
New Registered Office Address:	7862 NW 109TH PATH		
The state of the s	Finter Florie	la streci address	
	DORAL	Florida	178
•	Ciņ		Zip Code
New Registered Agent's Signature, if changing I hereby accept the appointment as register provisions of all statutes relative to the projection of my position as registed the obligations of my position as registed to merely reflect a change in the company has been notified in writing of this	red ugent and agree to act in this co per and complete performation of a gistered agent as provided for in Cl cregistered office address, Nervity	induities, and Amin tabler 805, F.S. Or, confirm Via the M	familiar with and if this document is nited Hability

To: 18506176383 .

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From: Martin Collante

## 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

Title	<u>Name</u>	Address	Type of Action
MGR .	GONCALVES, JUAN	7865 W 30TH CT	□Add
		UNIT 103	■ Remove
		HIALEAH GARDENS, FL 33018	□Change
MGR	GONCALVES, JUAN	7862 NW 109TH PATH	磨 Add
<u> </u>		DORAL, FL 33178	Remove
			©Change
AMBR	GREEN C TRADING LLC	555 NORTH POINT CENTER EAST	
		STE 400	BRemove
		ALPHARETTA, GA 30022	OChange 22
			A 26 PH 12:56
			🗆 Add
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			Change
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			□Change

From: Martin Collante

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<u>ote:</u> If th	he date inserted in this block does not meet the applicable statutory filing requirements, this date will not seffective date on the Department of State's records.	be listed as the
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record sp	secifies a delayed effective date, but not an effective time, at (2:01 q.m. on the carrier of: (b). The 90th de	ny after the
is filed.	$\cap$	
	JUNE 22ND 2023	
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	Rignature of a member of authorized representative of a member	
	JUAN BUNCALVES \\	