

To:

Page: 6 of 6

2023-04-17 20:02:48 GMT

17865137810

From: Paloma Duarte

4/17/23, 3:58 PM

Division of Corporations

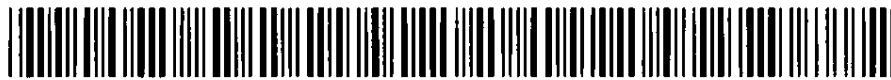
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L20000293212

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : CONTADORSUNNYISLES.COM INC
Account Number : 120200000118
Phone : (305)260-6968
Fax Number : (786)513-7810

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

Email Address: _____

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2023 APR 17 PM 4:26
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
2023 APR 17 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ULTRAFRUIT LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
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M. SOLOMON
APR 18 2023

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ARTICLES OF AMENDMENT TO
ARTICLES OF ORGANIZATION OF

ULTRAFRUIT LLC

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

The Articles of Organization for this Limited Liability Company were filed on 09/17/2020 and assigned
Florida document number L20000293212.

This amendment is submitted to amend the following:

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

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)

**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:

New Registered Office Address:

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.

If Changing Registered Agent, Signature of New Registered Agent

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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>	<u>Type of Action</u>
AMBR	TEX AGROIMPORT, S.L	15805 BISCAYNE BLVD STE 201	<input checked="" type="checkbox"/> Add
		AVENTURA, FL 33160	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ZAMORA, JUAN PABLO	15805 BISCAYNE BLVD STE 201	<input checked="" type="checkbox"/> Add
		AVENTURA, FL 33160	<input type="checkbox"/> Remove
			<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

SECRETARY OF STATE
TAMARA A. HASSLETT, FT. PALM, FL

2023 APR 17 PM 12:57

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