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### **COVER LETTER**

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**Registration Section** Division of Corporations

JECT:	FIVE STAR PRODUC	CE US LLC		11
<u> </u>		ted Liability Company		
enclosed Articles of Ar	mendment and fee(s) are subr	nitted for filing.		
se return all correspond	lence concerning this matter t	o the following:		
	Lester Delgado	Name of Person		_
		Name of Person		
	EIVE STAD DOODLICE H	CLIC		
	FIVE STAR PRODUCE U	S LLC Firm/Company		_
		• •		
	150 Southeast 25th Road, A	Apt. 6B		
		Address	•	_
	Miami			_
		City/State and Zip Code		
	5starproduceus@gmail.com			
	E-mail address: (to	o be used for future annual report no	tification)	
further information con	ecerning this matter, please ca	ll:		
ster Delgado		at ( 786 ) 6596336		
Name of I	Person		me Telephone Numbe	er
dand is a shoot for the	Call and an amana.			
losed is a check for the	Iottowing amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 F	~
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certific	ate of Status & = d Copy
		(		al 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

FIVE STAR PRODUCE US LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) Articles of Organization for this Limited Liability Company were filed on 12/11/2020 and assigned ida document number 1.20000388174 s amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." ter new principal offices address, if applicable: incipal office address MUST BE A STREET ADDRESS) iter new mailing address, if applicable: lailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new registered ent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ompany has been notified in writing of this change.

lew Registered Agent's Signature, if changing Registered Agent:

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

R = Manager

**BR** = Authorized Member

<u>.</u>	Name	Address	Type of Action
BR_	Veronika Delgado	150 SE 25th Road 6B, Miami, FL 33129	<b>=</b> Add
			□Remove
			□Change
			ClAdd
			□Remove
			[]Change
			□Add
			□Remove
			[]Change
			□Add
		<del></del>	□Remove
			[]Change
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			□Change
			CJAdd
			□Remove
			[]Change

ive date, if other than the date of filing:  [(optional)]  [(entive dute, if including the most be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207, if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a tent's effective date on the Department of State's records.  It is 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 field.  Jan 26	·	gany other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	Jan 2	. 2021
	_	Signature of a member or authorized representative of a member
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