L21000165502

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SECRETARY OF STATE



	gistration Secti vision of Corpo				
SUBJECT.	-	uez Produce LLC.			
SUBJECT:		Name of Lim	ited Liability Company		
The enclose	d Articles of Ar	nendment and fee(s) are sub	mitted for filing.		
Please return	n all correspond	ence concerning this matter	to the following:		
		Merion T Suazo			
			Name of Person		
			Firm/Company		
		5112 Stacy St unit 7			
			Address		
		West Palm Beach FL. 3341	7		
		Yunieth101991@gmail.com	City/State and Zip Code		
	•		o be used for future annual re	eport notification)	.
For further i	nformation con	cerning this matter, please ca	dt:		
Yunieth			561 657- at ()	-7520	
	Name of Po	erson	Area Code	Daytime Teleph	none Number
Enclosed is a	a check for the f	following amount:			
※ \$25.00 I	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional 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 ARTICLES OF ORGANIZATION FILED TO **OF**

2021 SEP 10 AM 8: 11

Suazo Rodriguez Produce LLC.

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

The Articles of Organization for this Limited Liability Company w	vere filed on 04/09/2021	and assigned
Florida document number L21000165502		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbi	reviation "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 adagent and/or the new registered office address here:	dress on our records, enter the name	of the new registered
Name of New Registered Agent:		
	79.171105-76	
New Registered Office Address:	Enter Florida street address	
	Elouido	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete po- accept the obligations of my position as registered agent as pro- being filed to merely reflect a change in the registered office ac- company has been notified in writing of this change.	erformance of my duties, and I am far ovided for in Chapter 605, F.S. Or, if	niliar with and this document is

If Changing 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>	Address	Type of Action
AMBR	MERLON T SUAZO	5112 STACY ST UNIT 7	= Add
		WEST PALM BEACH FL. 33417	□Remove
			□ Change
			□Add
			□ Remove
			Change
			□Add
			Remove
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Filing Fee: \$25.00