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To: Division of Corporations Fax Number : (850)617-6383	·····	1022 DEC -
From: Account Name : RC TAX SERVICE LLC Account Number : 120140000083 Phone : (407)932-0040 Fax Number : (407)520-5473		1 AH11: 2
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Estimated Charge	\$25.00	DEC 02

COVER LETTER

TO: Registration Section Division of Corporations

DOMINICAN CHIMI LLC

SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FERNANDEZ COLLADO, OZZI G

Name of Person

DOMINICAN CHIMI LLC

Firm/Company

1736 RANGER HIGHLANDS RD

Address

KISSIMMEE, FL 34744

City/State and Zip Code

DOMINICANCHIMILLC@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FERNANDEZ COLLADO, OZZI G

Name of Person

at (_____ Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 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 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

TELL THE MENTELS (CELL) TISON OF CONTRACT S

2022 DEC -1 AM 11: 27

DOMINICAN CHIMI LLC		
(<u>Name of the Limited Liabl</u> (A Florid	lity Company as it now appears on (la Limited Liability Company)	jur records.)
The Articles of Organization for this Limited Liability (Florida document number <u>L21000209279</u>	Company were filed on)21 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	<u>iited liability company here</u> :	
MARIO PRODUCE LLC		
The new name must be distinguishable and contain the words "Lin	uited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST <u>BE A</u> STREET ADD	RF.SS	<u> </u>
	· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		
		_
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our record	s, enter the name of the new register
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:		
	Enter Florida str	eet 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

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

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<u>Title</u>	<u>Name</u>	Address	Type of Action
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D. If allendlog any other information, enter change(s) here: (Attach additional sheets if necessory

ANTI 21

E Effective date if other than the date uf filing: (optional) (o

If the record specifies a delay of effective date, but not an effective time, al (2:0) a.m. on the earlier of (b) The 90th day after the record is filed.

2022 DECEMBER 1

e of a memory MERNANDEZ COLLADO, OZZI G

Typed or printed tame of signed