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COVER LETTER

Tallahassee, FL 32314

то:	Registration S Division of Co			
CHDIE		rade and Commodities, LLC		
SUBJE	CI:	Name of Lim	nited Liability Company	
The enc	losed Articles of	f Amendment and fee(s) are sub-	omitted for filing.	
		ondence concerning this matter		
		John M Triana		
			Name of Person	
		Fruitage Trade and Commo	odities, LLC	
			Firm/Company	
		9100 Conroy Windermere	Road, Suite 200	
		-	Address	
		Windermere, FL 34787		
			City/State and Zip Code	
		John.Triana@fruitagetrade.c		
For furth	er information of	concerning this matter, please ca	to be used for future annual report notification)	
John M	Triana		732 6890154	
	Name o	of Person	at () Area Code Daytime Telephone Number	
Enclosed	l is a check for t	he following amount:	T	
■ \$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address Registration 5 Division of C P.O. Box 632	Section Corporations	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

Fruitage

The Articles of Organization for this Limited Liability Company were	filed on APRIL 2ND	and assigned
Florida document number 1001		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability co	ompany here:	
FRUITAGE TRADE AND COMMODITIES, LLC		
The new name must be distinguishable and contain the words "Limited Liability Con-	mpany," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		202
Principal office address MUST BE A STREET ADDRESS)		>
		o [
Enter new mailing address, if applicable:		- 30
Mailing address MAY BE A POST OFFICE BOX)	11.111-1-1-1	: !
		₹ 70
3. If amending the registered agent and/or registered office addresgent and/or the new registered office address here:	ss on our records, <u>enter the n</u>	ame of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
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			□Change
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			□Remove
			□Change

	
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	TRADE LE
Effective date life	ther than the date of filing:
If an effective date is lis	ated, the date must be specific and cannot be prior to date of filing or more than 90 days after fating. Purpose 10.693 12070
Note: If the date ins document's effective	erted in this block does not meet the applicable statutory filing requirements and diagonal not be jisted as to date on the Department of State's records.
	William Multiple
e record specifies a d	lelayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
rd is filed.	Λ
. 12.1	
Dated April 2nd	. 2024
	/ Mul / JTC-
	Signature of a member or authorized representative of a member
	John Manuel Triana - us Hanager

Filing Fee: \$25.00