## 12/000253766

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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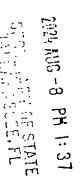
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## **COVER LETTER**

Registration Section

TO:

Division of Cor	porations			
	NANAS ENTERPRISES, LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Rafael Leyva			
Name of Person				
	KING BANANAS ENTER	RPRISES, LLC		
	Firm/Company			
	15600 SW 288 St #310			
		Address		
	Homestead FI 33033			
		City/State and Zip Code		
	rleyva.bananasgroup@gma			
		to be used for future annual report no	tification)	
For further information e	oncerning this matter, please e	all:		
Rafael Leyva		305 257-1000 at ( )		
Name of Person			me Telephone Number	
Enclosed is a check for the	ne 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 S Division of C P.O. Box 632 Tallahassee, I	Section forporations 7	Street Address: Registration So Division of Co The Centre of 2415 N. Monro Tallahassee, F	orporations Tallahassee oe Street, Suite 810	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KING BANANAS ENTERPRISES, LLC		
(Name of the Limited Liab (A Flor	oility Company as it now appears on our ida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability	Company were filed on 6/1/2021	and assigned
Florida document number 1.21000253766	·	
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the li	mited liability company here:	
he new name must be distinguishable and contain the words "L	imited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADI	DRESS <sub>I</sub>	
nter new mailing address, if applicable:	<del></del>	
Mailing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or register gent and/or the new registered office address here		enter the name of the new regist
gent and or the new registered office andress nere	<b>:</b> •	
Name of New Registered Agent:		
Name Business and Office Address.		
New Registered Office Address:	Enter Florida stree	ı address
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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		Homestead F1 33033	<b>≡</b> Remove
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an effective date is listed, the d				ig requirements, thi	s date will not be lis	ited as
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Note: If the date inserted in document's effective date or record specifies a delayed ed is filed.  Dated	effective date, but r	f a member or auth	orized representative	of a member	The 90th day after	2024 AUG

Filing Fee: \$25.00