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COVER LETTER

TO: Registration Sec Division of Corp			,	
TROPIFRU	ITS L.L.C.			
SUBJECT:	Name of Limi	ited Liability Company		
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	ESTEFANIA NAVIA			
		Name of Person		
	NAVIA PROFESSIONAL	L MULTI SERVICES LLC		
	-	Firm/Company		
	3418 NORTHERN BLVE). 5TH FLOOR, SUITE I		
		Address		
	LONG ISLAND CITY, N	Y, 11101		22
		City/State and Zip Code		SEP
	NAVIAMULTISERVICES	S@GMAIL.COM; r2montesdeoca	@gmail.com	P 12
	E-mail address: (to be used for future annual report not	fication)	2
For further information c	oncerning this matter, please c	all:		P 3
Estefan	ia Navia	917 670-2271		PH 3: 35
Name o	f Person	at () Area Code Daytin	ne Telephone Number	<u> </u>
Enclosed is a check for the				
□ \$25.00 Filing Fee	2 S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Cop (additional copy	f Status & py
Mailing Addres		Street Address:	nation	
Registration S Division of C		Registration Se Division of Co		
P.O. Box 632		The Centre of		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TROPIFRUITS LLC		
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company were filed on	06/02/2021	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liability Company," the de-	esignation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		S C
Enter new mailing address, if applicable:		72
Mailing address MAY BE A POST OFFICE BOX)		<u>_</u> 0
	·	ယ် ခြိမ
		ယူ ဦ
B. If amending the registered agent and/or registered office address on our reagent and/or the new registered office address here:	ecords, <u>enter the na</u> i	ne of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
Enter Flor	ida street address	
	Florida _	
Civ		Zin 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 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	JAIME ESTRADA MEDRANDA	Ciudadela Monterrey, Montecristi, ECUADOR	□Add
		Codigo Postal 130214	≣Remove
			□Change
			□Add
			□Remove
			22 SEP
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lf an effe <u>Note:</u> I	o8/01/2022 et date, if other than the date of filing: etive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 of the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.		
e record rd is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the eared.	lier of: (b) The 90th day a	fter the
Dated_	August 1st 2022		
	Jani Es Medo		
	Signature of a member or authorized representative of a member		

Filing Fee: \$25.00