

**Florida Department of State**  
**Division of Corporations**  
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To:

Division of Corporations  
Fax Number : (850) 617-6393

From:

Account Name : Vcorp SERVICES, LLC  
Account Number : 120080000067  
Phone : (845) 425-0077  
Fax Number : (845) 619-3568

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**INVERSIONES ORGANIC FOOD SNACKS LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$25.00 |

JUN 14 2022

M. SOLOMON

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Inversiones Organic Food Snacks LLC

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

The Articles of Organization for this Limited Liability Company were filed on May 09, 2022 and assigned Florida document number L22000216367.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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 address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida street 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

| Title | Name                       | Address                                      | Type of Action                             |
|-------|----------------------------|--|--|
| MGR   | Juan M Incery Guzman       |  | <input type="checkbox"/> Add               |
|       |                            | 20032 Waters Edge Lane, Boca Raton, FL 33434 | <input checked="" type="checkbox"/> Remove |
|       |                            |  | <input type="checkbox"/> Change            |
| MGR   | Jose I Madureri Sierraalta |  | <input type="checkbox"/> Add               |
|       |                            | 2671 Roseland, Ann Arbor, MI, 48103          | <input checked="" type="checkbox"/> Remove |
|       |                            |  | <input type="checkbox"/> Change            |
|       |                            |  | <input type="checkbox"/> Add               |
|       |                            |  | <input checked="" type="checkbox"/> Remove |
|       |                            |  | <input type="checkbox"/> Change            |
|       |                            |  | <input type="checkbox"/> Add               |
|       |                            |  | <input type="checkbox"/> Remove            |
|       |                            |  | <input type="checkbox"/> Change            |
|       |                            |  | <input type="checkbox"/> Add               |
|       |                            |  | <input type="checkbox"/> Remove            |
|       |                            |  | <input type="checkbox"/> Change            |

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