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LICNE Amena

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2023 JUL 25 PM 1: 00

A. RAMSEY AUG 1 8 2023

COVER LETTER

Registration Section Division of Corporations

TO:

TAQUERI. SUBJECT:	a Olinalteca 3 llc		
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JHON RODRIGUEZ		
	<u></u>	Name of Person	
	Name of Person		
		Firm/Company	
	2978 S JOG RD STE A		
Address			
	GREENACRES, FL 3346	7	
	-	City/State and Zip Code	
	_		
	E-mail address: (to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
JHON RODRIGUEZ			
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Section	Street Address: Registration Se	
		Division of Cor The Centre of I	•
			se Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION F

2023 JUL 25 PM 1:00

TAQUERIA OLINALTECA 3 LLC

(Name of the Limited Liability Company as it now appears on our records.) 5 374 5 (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Co	ompany were filed on $\frac{08/24/20}{}$	22 and assigned
Florida document number L22000372219	_·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
OLINALTECA TROPICAL FRUITS LLC		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR.	ESS)	
Faton don malling address if annihable.		
Enter new mailing address, if applicable:	· · ·	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	office address on our record	s, <u>enter the name of the new registere</u>
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida str	and and drawns
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered	•	ząp Coue
		
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete performance of my d tent as provided for in Chapt	uties, and I am familiar with and er 605, F.S. Or, if this document is
	If Changing Registered Agent, Si	gnature 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	Membe

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
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ective o	date, if other th	nan the date of	filing:		·	(opti	ional)	
i ciiccuv	e date is listed, the	date must be speci	ne and camou	be prior to date	at tiling or mor	e than 90 days afte	r filing.) Pursuant to is date will not be	
		on the Departmen			, 3	•		
cord sp s filed.	ecifies a delayed	effective date, b	ut not an effe	ective time, at	. 12:01 a.m. on	the earlier of: (t	b) The 90th day	after the
and .	FULY	18	20	123				
ieu			·	· · · · · · · · · · · · · · · · · · ·				
	HUNZG.C	-						
		18 Signatur An Grego	e of a member	or authorized	representative o	f a member		_
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	1/2 1	1	-	1511				