L23000087069

(Requestor's Name)
(Address)
(Address)
(Addless)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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03/06/23--01013--002 **25.00

2023 MAR -6 PH 1: 00

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Co	rporations			
	FRUITS, L.L.C.			
SUBJECT:	Name of Lin	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	indence concerning this matter	to the following:		
	G&D Accounting and Tax	es Service		
		Name of Person	 	
	Maher Malak			
		Firm Company		
	2033 SW 173rd Ave			
		Address		_
	Miramr, FL 33029			2023 MAR -6
		City/State and Zip Code	-	
	maher_malak@hotmail.cor			5
		to be used for future annual report notifi	ication)	-6 PH 1: 00
For further information of	concerning this matter, please o	all:		
Maher Malak		305 502-8281		00 ATE
Name o	of Person	Area Code Daytime	Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
Mailing Addre Registration Division of C P.O. Box 632	Section Porporations	Street Address: Registration Sec Division of Corp The Centre of Ta	oorations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JC FRESH FRUITS, L.L.C.		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number L23000087069	any were filed on 02/17/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited l</u>	liability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	202
		7
Enter new mailing address, if applicable:		5
(Mailing address MAY BE A POST OFFICE BOX)		
		- 13 : U
		217
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street uddress	
	, Florid	a
	Cuy	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
MGR	GUAZA, CARLOS EDUARDO G		
			Remove
			□Change
MGR	Gonzalez, Carlos Eduardo	7981 SOUTH FRENCH DR # 2-206	≣ Add
		PEMBROKE PINES, FL 33024	□Remove
			□Change
			□ Add 2023 Remove Change
			☐ Remove
			□ Change
			□Add
			Remove
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e: If the date inserte ument's effective da	ed in this block doe te on the Departme	s not meet the applint of State's record	icable statutory fili s.	ng requirements, thi	onal) r filing.) Pursuant to 605. s date will not be liste o) The 90th day after
s filed.					•
March, 1st ed		2023	·		,r -
acha	in Draine	gas			7023 k
	Signatu	re of a member or aut	horized representativ	e of a member	AR
JOHANA I.	ETICIA ARCINIE	GAS			-6
					PH 1:00

Filing Fee: \$25.00