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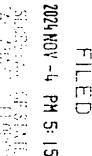
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
AUTIVA I SUBJECT:	EXOTIC FRUIT LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter		
rease retain an correspo	macher concerning this matter	to the following.	
	GUSTAVO V. LOPEZ		
		Name of Person	
	ALLIED BUSINESS SER	VICES	
		Firm/Company	
	7921 SW 40th St		
	-	Address	
	Miami. FL 33155		
	-	City/State and Zip Code	
	lopezgv@hotmail.com		
	E-mail address: (to be used for future annual report noti-	fication)
For further information c	oncerning this matter, please e	all:	
Gustavo V. Lopez		305 262-2449 at ()	
Name o	f Person	Area Code Daytime	e 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 Fec. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address:	ation
Division of C		Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2024 NOV -4 PH 5: 14

AUTIVA EXOTIC FRUIT LLC

(Name of the Limited Liability Company as it now appears on our recor

(A Florida Limite	d Liability Company)	A CALL THE AGE OF THE STATES			
The Articles of Organization for this Limited Liability Compar	ny were filed on 09/11/2023	and assigned			
Florida document number L2300423935					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liz	ibility company here:				
AUTIVA BUSINESS SERVICES, LLC					
he new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC"	or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:					
Principal office address MUST BE A STREET ADDRESS)					
					
Enter new mailing address, if applicable:					
	<u> </u>				
Mailing address MAY BE A POST OFFICE BOX)					
					
) If among the state of the sta					
 If amending the registered agent and/or registered office gent and/or the new registered office address here: 	e address on our records, <u>enter th</u>	ne name of the new registe			
gone and or the new registered office address here.					
Name of New Parison 1 A					
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	. Flor	ida			
	, Flor	ida Zip Code			
ew Registered Agent's Signature, if changing Registered Agen	City	idaZip Code			

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>	Name	Address	Type of Action
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
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			☐ Change

Effective date, if other than the date of filing: In effective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.022 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a locurment's effective date on the Department of State's records. Trecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d is filed. Dated OCTOBER 31 2024									· <u>-</u>	
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Auto C/		Tulin	7.C/							
Signature of a member or authorized representative of a member		JAN L	V							

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Filing Fee: \$25.00