## Florida Department of

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000150008 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : JP GLOBAL BUSINESS

Account Number : I20130000083 : (305)359-3700 Fax Number : (786)217-1243

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

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **HOLOMUA FOODS LLC**

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

APR 250 17924

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(H24000150008 3)

HOLOM	IUA FOODS LLC			
Name of the Limited Liability (A Florida Li	Company as it now apper imited Liability Company)	ars on our records.)		
The Articles of Organization for this Limited Liability Con	upany were filed on _	3/21/2024	and assi	gned
Florida document number				-
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	d liability company l	<u>iere</u> :		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the	designation "LLC" or the a	bbreviation "L.L	C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRES	<u>ss)</u>		<del></del>	<u>-</u>
			· ' <del> </del>	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
	<del></del>			
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	iffice address on our	records, <u>enter the nan</u>	ne of the new 202	<u>registere</u>
			d.7 h	.}
Name of New Registered Agent:			<u>्रे</u>	<u></u>
New Registered Office Address:			£	۰ ۰۰۰ ۱ ۱ ۱ ۱ ۱ ۱ ۱ ۱ ۱ ۱ ۱ ۱ ۱ ۱ ۱ ۱ ۱
	Enter Fl	orida street address	3	•
		, Florida		
	Ciny		Zip Coda	

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 (H24000150008 3)

Title	Name	Address	Type of Action
AMBR	VELEZ, DANIELA	111 SW 3RD STREET SUITE 301	🗀 Add
		MIAMI, FL 33130	■Remove
			□ Change
AMBR	CADY, DANIELLA	111 SW 3RD STREET SUITE 301	
		MIAMI, FL 33130	© Remove
			□ Change
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ecord specifies	a delayed effec	ctive date, but	not an effe	ective time,	at 12:01 a.i	m, on the ear	lier of: (b)	The 90th day	y after the
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