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(Re	questor's Name)	······································
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SECRETARY OF CLAIR
TALLABASSEE, FLORIDA

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COVER LETTER

TO: Registration Sec Division of Corp			
Agro-Energ	gy Holding LLC		
SUBJECT:	Name of Lim	ited Liability Company	
.The enclosed Articles of a	Amendment and fee(s) are sub-	muted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
-	Jacob Gitman		
		Name of Person	
	Agro-Energy Holding LL	С	
		Firm Company	
	1111 Kane Concourse, S	Suite 518	
		Address	
	Bay Harbor islands, Flor	ida 33154	
	galina@vgmtel.com	City State and Zip Code	-
	E-mail address: ()	to be used for future annual report	t notification)
For further information ec	oncerning this matter, please ca	ıll.	
Jacob Gitman		305 867122	
Name of	Person	at () Area Code Da	ixtune Telephone Number
Enclosed is a check for th	e 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hgto - Euctury Hola (Name of the Linkted Liability Compa (A Florida Limited)	Lul LLC inv as they appears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number 4, 88,000,362,95	were filed on 04/10/20	38 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	
Enter new principal offices address, if applicable:		至 6
(Principal office address MUST BE A STREET ADDRESS)	16051 Collins Avenue, #401	高五
	Sunny Isles Beach, FL 33160	BE BE
Enter new mailing address, if applicable:		51. 2
(Mailing address MAY BE A POST OFFICE BOX)		55 2
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flori	
New Registered Agent's Signature, if changing Registered Agent:	Cliv	Zip Code
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and provided for in Chapter 605, F.,	I am familiar with and S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
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			Remove
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			□ Remove
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n effective date is listed <u>ote:</u> If the date insert	er than the date of fil I, the date must be specific ted in this block does no ate on the Department o	and cannot be frior to it meet the applicab	gate of filing or mo	(optional) re than 90 days after filing.) Pursuant to 605.02 requirements, this date will not be listed a
	a delayed effective er the record is file		an effective tii	me, at 12:01 a.m. on the earlier
	A 03	2018		
ted <u>Augu</u>				
ited <u>Augu</u>	V.	6		

Page 3 of 3

Filing Fee: \$25.00