

L12000114171

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

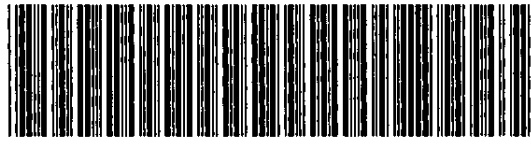
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/07/12--01031--022 **52.50

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

D. BRUCE

JAN 07

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 3, 2013

FREDY PEDROZA
8725 NW 18 TERR - SUITE 105
DORAL, FL 33172

SUBJECT: BIONITROGEN PLANT FL I LLC
Ref. Number: L12000114171

We have received your document for BIONITROGEN PLANT FL I LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to file your limited liability company document is \$25. Please include an additional \$30 for each certified copy (optional) requested and an additional \$5 for each certificate of status (optional) requested.

There is a balance due of \$2.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 813A00000126

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TALLAHASSEE FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 10, 2012

JAMES CLAVIJO
8725 N.W. 18TH TERRACE, SUITE 105
DORAL, FL 33172-2629

SUBJECT: BIONITROGEN PLANT FL I LLC
Ref. Number: L12000114171

We have received your document for BIONITROGEN PLANT FL I LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The fee to file your limited liability company document is \$25. Please include an additional \$30 for each certified copy (optional) requested and an additional \$5 for each certificate of status (optional) requested.

There is a balance due of \$7.50.

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TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BIONITROGEN PLANT FL I LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FREDY PEDROZA
Name of Person

BIONITROGEN PLANT FL I, LLC
Firm/Company

8725 NW 18 TERR - SUITE 105
Address

DORAL, FL 33172
City/State and Zip Code

fredy.pedroza@bionitrogen.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Fredy Pedroza at 305 418-8545
Name of Person Area Code & Daytime Telephone Number

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TALLAHASSEE FLORIDA

Enclosed is a check for the 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**

BIONITROGEN PLANT FL I, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 09/06/2012 and assigned Florida document number L12000114171.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability 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)

8725 NW 18 Terr
Suite 105
Doral, FI 33172

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

8725 NW 18 Terr
Suite 105
Doral, FI 33172

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B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____
Enter Florida street address

_____, Florida _____
City 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

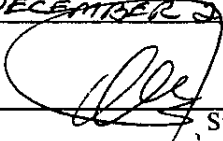
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	KORNEGAY, BRYAN B. Jr.	400 S. OCEAN BLVD	<input type="checkbox"/> Add
		405	<input checked="" type="checkbox"/> Remove
		PALM BEACH, FL 33480	
MGR	CONTRERAS, CARLOS A.	8725 NW 18 Terr	<input checked="" type="checkbox"/> Add
		Suite 105	<input type="checkbox"/> Remove
		Doral, Fl 33172	
MGR	KORNEGAY, BRYAN B. Jr.	8725 NW 18 Terr	<input checked="" type="checkbox"/> Add
		Suite 105	<input type="checkbox"/> Remove
		Doral, Fl 33172	
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated DECEMBER 20, 2012.



Signature of a member or authorized representative of a member

Carlos A. Contreras

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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