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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
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SUBJECT:	PRAPAT II	NDUSTRIES, LLC		
Sebuze 1.		Name of Limite	d Liability Company	
The enclosed	d Articles of a	Amendment and fee(s) are submi	tted for filing.	
Please return	all correspon	ndence concerning this matter to	the following:	
		JEFFREY RUBINSTEIN		
			Name of Person	
		RUBINSTEIN & ASSOCIA	TES PA	
			Firm/Company	
		7875 SW 104TH STREET S	TE 100	
		<u> </u>	Address	
		MIAMI FL 33156		
			City/State and Zip Code	
		JEFFREY@RUBINSTEINAS	SOCIATES.COM	
		E-mail address: (to l	e used for future annual report notif	ication)
For further in	nformation co	oncerning this matter, please call:		
JEFFREY R	UBINSTEIN	I	305 3745500	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for the	e following amount: PAID	IN FULL	
□ \$25. 0 0 F	iling 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:

to the first

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

PRAPAT INDUSTRIES, LLC		
(Name of the Limited Lia (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability		and assigned
Florida document number 119000121512		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
AGRORIZON, LLC		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or t	he abbreviátion "LT.C."
Enter new principal offices address, if applicable:		SE Th
(Principal office address MUST BE A STREET ADI	DRESS)	100 PM
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
		
B. If amending the registered agent and/or reg	istered office address on our records on	ton the many of d
registered agent and/or the new registered office ad	dress here:	ter the name of the nev
Name of New Registered Agent:		
New Pagistored Office Add		
New Registered Office Address:	Enter Florida street address	
	- I I I I I I I I I I I I I I I I I I I	
	, 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 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>	<u>Address</u>	Type of Action
			□ Remove
			☐ Change
			Add
			□ Remove
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