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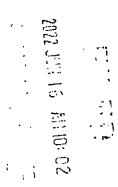
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D CUSHING

COVER LETTER

Registration Section Division of Corporations

TO:

AUXILIAR SUBJECT:	R INTERNATIONAL IMPOR			
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	RAQUEL B MOWRER			
	·	Name of Person		
	ON TARGET BUSINESS	SOLUTIONS LLC		
		Firm/Company		
	7021 GRAND NATIONA	L DR. SUITE 100		
		Address		
	ORLANDO, FL 32819			
		City/State and Zip Code		
	RAQUEL@RMONTARGE			2027
	E-mail address: (to be used for future annual report notif	ication)	
For further information c	oncerning this matter, please c	all:		1 22
RAQUEL B MOWRER		407 745-1706 at ()		
Name of Person		Area Code Daytime	Telephone Number	
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Sec Division of Cory The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 819	0

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AUXILIAR INTERNATIONAL IMPORT AND EXPORT 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 $\frac{06/30/20}{}$)21	and assigned
Florida document number L21000301614			, ,
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
AMAZON FRUITS FARMS LLC			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designa	tion "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:		<u>.</u>	
(Principal office address MUST BE A STREET ADDRESS)			
			
Enter new mailing address, if applicable:		,	
(Mailing address MAY BE A POST OFFICE BOX)			
		-	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:		is, enter the game	of the new registered
New Registered Office Address:	Enter Florida str	root address	
	12Her run kaa sir		
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•		,
		:	
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 a provided for in Chapt	luties, and Lam fa ter 605, F.S. Or, ij	miliar with and f this document is
H Chai	nging Registered Agent, S	ignature of New Regi	stered 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>	Address	Type of Action
AMBR	Scariot, Andre Luiz	Rua Saldanha Marinho, 757 - Centro	= Add
		Manaus - AM 69010-040	□Remove
			□Change
AMBR de Medeiros, Cleber Adauto	de Medeiros, Cleber Adauto	AM 010, KM 35, Ramal Aguas Brancas II, 2050	= Add
		Zona Rural - Manaus, AM 69000-000	□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

II am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
•	
•	
,	
lf an cl <u>Note:</u>	tive date, if other than the date of filing: [Coptional] [Coptional]
e reco rd is f	rd 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 iled.
	June 13th 2012
Dated	June 13th 2012
	Signature of a number or authorized representative of a member
	Jose Adelson dos Santos Silva
	Typed or printed name of signee

Filing Fee: \$25.00