N/6000001253

| (F | Requestor's Name) |
|------------------------|-------------------------|
| (/ | Address) |
| (/ | Address) |
| (0 | City/State/Zip/Phone #) |
| PICK-UP | WAIT MAIL |
| (E | Business Entity Name) |
| (C | Document Number) |
| Certified Copies | Certificates of Status |
| Special Instructions t | o Filing Officer: |
| | |
| | |
| | |
| | |

Office Use Only



600286436606

06/08/16--01006--016 **35.00

SHORE THE OF STATE OR SHORE THE OF STATE OR SHORE THE OR STATE OR SHORE THE OR SHOR

JUL 1 3 2016 C MCNAIR

JUN 1 4 2016 C MCNAIR



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 14, 2016

LEON RESTREPO AGRO INTERCONTINENTAL GROUP CORP 235 WEST 25 ST. HIALEAH, FL 33010

SUBJECT: AGRO INTERCONTINENTAL GROUP CORP

Ref. Number: N16000001253

We have received your document for AGRO INTERCONTINENTAL GROUP CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The incorrect form was submitted. Please complete form pursuant to a Florida Not for Profit Corporation, section 617.

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

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair Regulatory Specialist II

Letter Number: 816A00012413

COVER LETTER

| | | COVER LETTER | | <u> 2</u> . |
|--|---|--|--|---------------------|
| TO: Amendment Sect Division of Corp | | | | 16 JIL 12 PH II. 31 |
| NAME OF CORPO | AGRO INTERCO | ONTINENTAL GROUP C | ORP | 53 |
| DOCUMENT NUMI | N16000001253 | | | |
| The enclosed Articles | of Amendment and fee are su | | | (2) F |
| Please return all corre | spondence concerning this ma | tter to the following: | | |
| | LEON RESTREPO | | | |
| | | | | |
| | AGRO INTERCONTINEN | TAL GROUP CORP | | |
| | | Firm/ Company | | |
| | 235 WEST 25 ST | | | |
| | HIALEAH FL 33010 | Address | | |
| | | City/ State and Zip Cod | e | |
| leo | nrestrepo@hotmail.com | | | |
| | E-mail address: | to be used for future annua | l report notification) | <u> </u> |
| For further informatio | n concerning this matter, pleas | se call: | | |
| Leon R | Pestrepo | 305 at (| 7978745 | |
| Name | of Contact Person | | de & Daytime Telephone Number | _ |
| Enclosed is a check for | or the following amount made | payable to the Florida Dep | artment of State: | |
| ■ \$35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | |
| <u>Ma</u> i Amo | iling Address endment Section | | Address Iment Section | |

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment

to Articles of Incorporation

| | rticles of Incorporati | | | 1 |
|--|-------------------------------|-----------------------|---------------------------------------|--------------|
| Agan Inte | or ERCONTIA | VEN/2/ | (Troup | (012) |
| (Name of Corporation as c | urrently filed with th | ne Florida Dept. of | State) | |
| | NILOU | 200012 | 53 | Ç |
| (Document | Number of Corporation | on (if known) | · · · · · · · · · · · · · · · · · · · | |
| Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation: | Statutes, this <i>Florida</i> | Not For Profit Corp | ooration adopts th | ne following |
| A. If amending name, enter the new name of the cor | poration: | | | 4,000 |
| | | | | The new |
| name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name. | rporation" or "incorp | porated" or the abb | reviation "Corp. | |
| B. Enter new principal office address, if applicable: | FEE N | | | |
| (Principal office address <u>MUST BE A STREET ADD</u> | <u></u>) | | | |
| | | | | |
| | | | 10 | |
| C. Enter new mailing address, if applicable: | | | | |
| (Mailing address <u>MAY BE A POST OFFICE BOX</u> |) <u></u> | | | |
| | | <u> </u> | | |
| | | | | |
| | | | | |
| D. If amending the registered agent and/or registere new registered agent and/or the new registered o | | lorida, enter the na | ime of the | |
| new registered agent and/or the new registered o | ince address. | | | |
| Name of New Registered Agent: | | | | |
| | | | | |
| New Registered Office Address: | | (Florida street ada | iress) | |
| | | | | |
| | (City) | | , Florida (Zip Code) | |
| | (City) | | (Zip Code) | |
| New Registered Agent's Signature, if changing Regis | | and the co | | |
| I hereby accept the appointment as registered agent. I | am familiar with and | accept the obligation | ons of the position | 1. |
| | | | | |
| | Signature of Man | Registered Agent, | if changing | |
| | Signature of New | r Kegisierea Ageni, . | y changing | |

If amending the Officers and/or Directors, enter the fitle and name of each officer/director being removed and title, name, andaddress of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

Executive Officer/director title by the first letter of the office title: D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief President; V = Vice President; V = Vice Find V = Vice First letter of each office title: V = Vice First letter of each office V = Vice First V = Vice Firs

held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation. Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change,

Кеточе **bbA** _Change Встоус bbA2) — Change Remove bbA Change ___ Кетоле bbA _ Change Remove bbA Z) —— Change Ветоме ppVHIALEAH FL 33010 1) Change **332 MEST 25 ST** NANCY RESTREPO МЬ (Check One) Title Type of Action Address Name ppy X Sally Smith $\overline{\Lambda S}$ Mike Jones $\overline{\Lambda}$ X Remove John Doe $\overline{1q}$ X Change

d to Sage 9

| E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) | | | | | |
|---|---------------------------------------|-------------|---|--------------|---------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | , , , , , , , , , , | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | • | |
| | | | | | |
| | | | | | |
| | | | | - | |
| | | | | | |
| | | | | | |
| | | , | | | |
| | | | | | - 110 SM SH H |
| | | | | | |
| | | | | , | |
| | | | | | |
| | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | |
| | | <u>.</u> | | | |

| Thè date of each amendment(s) adoption: | , if other than the |
|--|---|
| date this document was signed. Effective date if applicable: 06/30/6 | |
| (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records. | ents, this date will not be listed as the |
| Adoption of Amendment(s) (CHECK ONE) | |
| ☐ The amendment(s) was/were adopted by the members and the number of votes cast for t was/were sufficient for approval. | he amendment(s) |
| There are no members or members entitled to vote on the amendment(s). The amendment adopted by the board of directors. | ent(s) was/were |
| Dated 06/30/16 | |
| Signature Leave gut in | • |
| (By the chairman or vice chairman of the board, president or other off have not been selected, by an incorporator – if in the hands of a rece other court appointed fiduciary by that fiduciary) | |
| Leon Lestero (Typed or printed name of person signing | |
| (Typed or pringed name of person signing |) |
| Propident. | |
| (Title of person signing) | • |