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| (Re                     | equestor's Name)  |             |
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| PICK-UP                 | ☐ WAIT            | MAIL        |
| (Bu                     | siness Entity Nar | me)         |
| (Do                     | ocument Number)   |             |
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SECRETARY OF STATE

JUN 23 2015 J. BRUCE

## **COVER LETTER**

| Div           | ision of Corp   | orations                                     |   |  |                  |     |
|---------------|-----------------|--|---|--|------------------|-----|
| enniece.      | Pick Worldw     | vide Commodities LLC                         |   |  |                  |     |
| SUBJECT:      |                 | Name of Limit                                | ted Liability Company   |  |                  |     |
|               |                 |  |   |  |                  |     |
| The enclosed  | d Articles of A | mendment and fee(s) are subr                 | mitted for filing.  |  |                  |     |
| Please return | all correspor   | dence concerning this matter t               | to the following:   |  |                  |     |
|               |                 | Diane Nobile                                 |   |  |                  |     |
|               |                 |  | Name of Person  |  |                  |     |
|               |                 | Nobile Law Firm P.A                          |   |  |                  |     |
|               |                 |  | Firm/Company  |  |                  |     |
|               |                 | 201 South Biscayne Blvd. S                   |   |  |                  |     |
|               |                 |  | Address   |  |                  |     |
|               |                 | Miami Fl 33131                               |   |  |                  |     |
|               |                 | <u></u>                                      | City/State and Zip Code   |  |                  |     |
|               |                 | diane@dnobilelaw.com                         |   |  |                  |     |
|               |                 | E-mail address: (t                           | to be used for future annual report notificat                       |  | 2015             |     |
| For further i | nformation co   | ncerning this matter, please ca              | all:  | CRET<br>AH/  |                  | 11  |
| Diane Nobil   | le              |  | 305 577 8911<br>at ( )  | ARY  | 22               | F   |
|               | Name of         | Person                                       |   | elephone Number,   | <u> </u>         | 111 |
|               |                 |  |   | STA  | 45               | O   |
| Enclosed is   | a check for th  | e following amount:                          |   | 5  |                  |     |
| \$25.00       | Filing Fee      | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Sectificate of Certificate of Certified Contact (additional contact) | of Status<br>opy |     |

MAILING ADDRESS:

16

TO:

Registration Section

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

| PICK WORLDWIDE COMMOD   |   |   |                                |  |  |  |  |
|---|---|---|--------------------------------|--|--|--|--|
| (Name of the Lim  | ited Liability Compa<br>(A Florida Limited) | iny as it now appears on our record<br>Liability Company) | <u>s.</u> )                    |  |  |  |  |
| The Articles of Organization for this Limited I                                       | Liability Company                           | were filed on 01/28/2011                                  | and assigned                   |  |  |  |  |
| This amendment is submitted to amend the fol  | llowing:                                    |   |                                |  |  |  |  |
| 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                       | " or the abbreviation "L.L.C." |  |  |  |  |
| Enter new principal offices address, if appli   | icable:                                     | SANLUCAR 1491 OF. 104/C.                                  | P.11500 MONTEVIDEO             |  |  |  |  |
| (Principal office address MUST BE A STRE  |   | URUGUAY   |                                |  |  |  |  |
| Enter new mailing address, if applicable:   |   | PAUL HARRIS 1746, SUITE                                   | 201                            |  |  |  |  |
| (Mailing address MAY BE A POST OFFICE   | E BOX)                                      | MONTEVIDEO UR 11150 ₹                                     |                                |  |  |  |  |
|   |   |   | CRET IN                        |  |  |  |  |
| B. If amending the registered agent and registered agent and/or the new registered of |   |   | s, eiter the name of the ne    |  |  |  |  |
| Name of New Registered Agent:   | NOBILE LAW                                  | FIRM PA   | ₩ I T                          |  |  |  |  |
| New Registered Office Address:  | 201 SOUTH BI                                | ISCAYNE BLVD, SUITE 2650                                  |                                |  |  |  |  |
|   |   | Enter Florida street addres                               | S                              |  |  |  |  |
|   | MIAMI                                       | TO.   | 33131                          |  |  |  |  |

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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                            |
|--------------|-----------------|----------------------------|---|
| MGR          | PEDROPICK, 8900 | PAUL HARRIS 1746 SUITE 201 | <b>=</b> Add                              |
|              |                 | MONTEVIDEO, UR 11500       | □ Remove                                  |
|              |                 |                            | Change                                    |
| MGRM         | BAKTEL SA       | CARLOS SAEZ 6431 OF 12     |   |
|              |                 | MONTEVIDEO CP 11500 UY     | Remove                                    |
|              |                 |                            | Change                                    |
|              |                 |                            | D Add                                     |
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|              |                 |                            | Change                                    |
|              |                 |                            | Add Remove SECRETARY OF STALLAHASSEE, FLO |
|              |                 |                            | ORION Add                                 |
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|   |                               |   |                               |                    |               |           |          |        |             |        | HAS<br>AS    | ===            | *******                                      |
|   |                               |   |                               |                    |               |           |          |        |             |        | TARY (       | 22             |  |
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|   |                               |   |                               |                    |               |           |          |        |             | ,      | ORIN<br>ORIN | f <del>.</del> |  |
|   |                               |   |                               |                    |               |           |          |        |             | 3      | <u>)</u> ←   | CO             |  |
| Effective d                               | date is listed<br>date insert | er than the<br>i, the date mus<br>ted in this blate on the De | st be specific<br>ock does no | and can<br>ot meet | the appl      | icable st |          |        | an 90 days  |        | ling.) P     |                |  |
| Note: If the                              | effective d                   |   |                               |                    | e. but r      | not an    | effectiv | e time | , at 12:    | 01 a.ı | m. or        | the e          | arlier o                                     |
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Page 3 of 3

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