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PICK-UP	☐ WAIT	MAIL
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SEP (18 JULY)

## **COVER LETTER** -

Div	ision of Corp	oorations				
SUBJECT:	Global Com	modities & Growers, LLC.				
SUBJECT		Name of Limi	ited Liability Company			
The enclosed	l Articles of A	Amendment and fee(s) are sub-	mitted for filing.			
Please return	all correspor	idence concerning this matter	to the following:			
		Luis Felipe Fernando Vare	la			
			Name of Person		-	
		Global Commodities & Gro	owers, LLC.			
			Firm/Company		-	
		4801 Linton Blvd. Suite, 1	1A-550			
		Address			-	
		Delray Beach, FL 33445				2015 2015 2015
			City/State and Zip Code			533 ·
		gcgrowers l@gmail.com	to be used for future annual report notifice	ation)	SS.	<u> </u>
For further in	nformation co	oncerning this matter, please ca		,	, E	- I
Luis Felipe	Varela		561 665-0263		S	단 단
	Name of	Person		elephone Number	г	
Enclosed is a	a check for th	e following amount:				
■ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Statu	
	MAILI	NG ADDRESS:	STREET/COURIEI	R ADDRESS:		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

**Registration Section** 

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Global Commodities & Growers, LLC.		
( <u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our record Limited Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Co	ompany were filed on 1/22/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted 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 ADDR	ESS)	21
Enter new mailing address, if applicable:		85: 1 1
(Mailing address MAY BE A POST OFFICE BOX)		
		Limit Company
		: 9
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	s
	, Flo	orida
<del></del>	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>	Address	Type of Action
MGR	Benjamin Heriberto Lopez Galindo	4801 Linton Blvd. Suite 11A-550	Add
		Delray Beach, FL 33445	Remove
			Change
			Add
			Remove
			Remove
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I	une 24, 2016					
Itective date, if other than the date of filing: _ I an effective date is listed, the date must be specific and car	not be prior to	date of filing o	r more than 90	(optional days after filin	g.) Pursuar	nt to 605.02
Note: If the date inserted in this block does not meet document's effective date on the Department of State		le statutory fi	ling requiren	nents, this dat	e will not	be listed
e record specifies a delayed effective date. The 90th day after the record is filed.	e, but not a	an effective	e time, at	12:01 a.m	. on the	eearlier
The Soul day after the record is fined.	•					
	1:11 a.m					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00