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TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations			
AGRO-INI SUBJECT:	DUSTRIAL CENTER LLC			
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	PAOLA PIEDRAHITA B	ENAVIDEZ		
		Name of Person		
	AGRO-INDUSTRIAL CE	NTER LLC		
		Firm/Company		ري الم
	246 NE 208 TERRACE			22 AUG 26 PH 3: 59
		Address		05.05 05.05
	MIAMI FL 33179			
		City/State and Zip Code		မှ မှ
	paola,piedrahita@distrimal		Vanisar)	6 3
For further information of	oncerning this matter, please e	to be used for future annual report noti:	neation)	
PAOLA PIEDRAHITA		561 843 4726		
	f Person	at ()	e Telephone Number	-
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fe Certificate of S Certified Copy radditional copy is	tatus &
Mailing Address Registration 9 Division of C P.O. Box 632	Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T	porations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

100	13/151	KTD LAT	CULAT	111: D	11/
AGRO	-IND.	JSTRIAL	CEN	H:R	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 07/27/2021 and assigned Florida document number L21000340414

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation 12.1.66

Enter new principal offices address, if applicable: 8300 NW 53 ST SUITE 350

DORAL FL 33166

Enter new mailing address, if applicable: 8300 NW 53 ST SUITE 350

ORAL FL 33166

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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
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