

L070000003290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

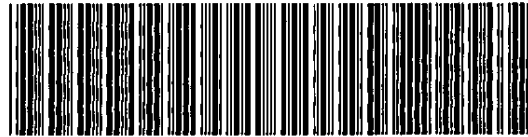
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000213164270

10/13/11--01007--028 **685.00

FILED

2011 OCT 13 AM 8:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

OCT 14 2011

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Agri-Biz Consulting LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mario W. Cardenas

Name of Person

Agri-Biz Consulting LLC

Firm/Company

5427 NW 41st Terrace

Address

Boca Raton, FL 33496

City/State and Zip Code

mariowcardenas@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mario W. Cardenas

Name of Person

at (561)

866-4315

Area Code & Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 OCT 13 PM 8:03

FILED

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing Fee ☒ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
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**

AG Consulting 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 Jan 10, 2007 and assigned
Florida document number L07000003290.

This amendment is submitted to amend the following:

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

Agri-Biz Consulting LLC

The new name must be distinguishable and end with the words "Limited 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 ADDRESS)

5427 NW 41st Terrace

Boca Raton, FL 33496

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5427 NW 41st Terrace

Boca Raton, FL 33496

FILED
2011 OCT 13 PM 8:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Name of New Registered Agent:

Monica P. Escaleras

New Registered Office Address:

5427 NW 41st Terrace

Enter Florida street address

Boca Raton

City

Florida

33496

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 608, 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.

Monica Escaleras
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

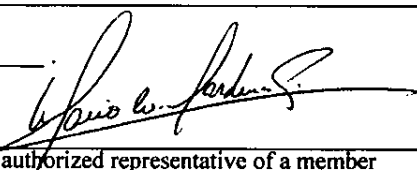
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Monica P. Escaleras	5427 nw 41 st terrace Boca Raton, FL 33496	<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Mario W. Cardenas	5427 nw 41 st Terrace Boca Raton, FL 33496	<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated October 7, 2011



Signature of a member or authorized representative of a member

MARIO W. CARDENAS

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 OCT 13 AM 8:03

FILED