Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name

: GUZMAN & GUZMAN, P.A.

Account Number : I20080000090

: (305)670-1991

Fax Number : (305)670-1993

**Enter the email address for this business entity to be used for future annual roport mailings. Enter only one email address please. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AGRICULTURE RE LLC

Certificate of Status Certified Copy 0 Page Count 01 Estimated Charge \$25.00

K. SALY NOV - 9 2017

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Corporate Filing Menu

Help

Fax: (850) 617-6383

2017 NOV -8 AM 10: 20
TALLAHASSEE STATE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AGRICULTURE RE 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 Compare Florida document number	ny were filed on 10/02/2009	and assigned				
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 Lla	bility 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)						
Enter new mailing address, if applicable:	4N1 4					
(Mailing address MAY BE A POST OFFICE BOX)	•					
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		ords, enter the name of the new				
	1					
Name of New Registered Agent:						
New Registered Office Address:		-				
	Enter Florida str e et ad	kiress				
	City	, Florida				
New Registered Agent's Signature, if changing Registered Agent	ŕ	r.ip Code				
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	- ree to act in this capacity. e performance of my duties provided for in Chapter 60	s, and I am familiar with and 05, F.S. Or, if this document is				

If Changing Registered Agent, Signature of New Registered Agent

From: Paola Sanchez

Fax: (305) 670-1991

To:

Fax: (850) 617-6383

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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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		MIAMI FL, 33156	□ Change
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document	l's effective date	on the Departme	nt of State's rec	ords.	, , (
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