

L10000069988

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

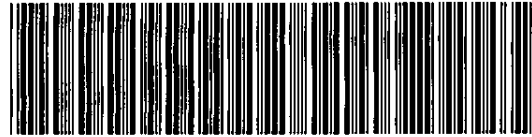
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500209123465

06/24/11--01018--007 **30.00

FILED
11 JUL 20 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan JUN 28 2011

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Agro Food & Commodities, 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:

Ines Santos

Name of Person

Amanda I, D Santos

Firm/Company

10477 SW 40 St,

Address

Miami, fl 33165

City/State and Zip Code

amidelgado@

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

For further information concerning this matter, please call:

Ines Santos

Name of Person

at (305)

3053900445

Area Code & Daytime Telephone Number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 28, 2011

INES SANTOS
10477 SW 40TH STREET
MIAMI, FL 33165

SUBJECT: AGRO FOOD & COMMODITIES,LLC
Ref. Number: L10000069988

We have received your document for AGRO FOOD & COMMODITIES,LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If you are changing the Registered Agent remove Ines name and list the address of the New Registered Agent. Page (2) of the Amendment is very confusing I not sure on President are you removing ID Santos. VP you checked yor are adding and removing. Please review your current information I am enclosing the sheet so we can get the information correct.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 011A00015510

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
11 JUL 20 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AGRO FOOD & COMMODITIES, 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 FLORIDA and assigned
Florida document number L10000069988.

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 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____

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 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.

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>
<u>PRES</u>	<u>AMANDA I D SANTOD</u>	<u>10477 SW 40 ST</u> <u>MIAMI FL 33165</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>VP</u>	<u>AYESHA CEVALLOS</u>	<u>10477 SW 40 ST</u> <u>MIAMI FL 33165</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>JORGE GARCIA</u>	<u>10477 SW 40 ST</u> <u>MIAMI FL 33165</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>PRES</u>	<u>A. INES SANTOS DC</u>	<u>10477 SW 40 ST</u> <u>MIAMI FL 33018</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>VP</u>	<u>LEDA VALENZUELA</u>	<u>10477 SW 40 ST</u> <u>MIAMI FL 33018</u>	<input checked="" 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.)*

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 JUL 20 PM 2:54

FILED

Dated JULY 14, 2011

Signature of a member or authorized representative of a member

INES SANTOS

Typed or printed name of signee