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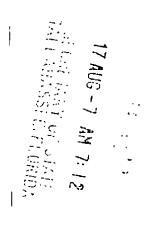
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COVER LETTER

TO:	Registration Se Division of Cor			l
oun ir		SEED, LLC		
SUBJE	CT:		ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	1
		MIGUEL ANGEL CORD	O	Ì
	Name of Person		Name of Person	,
		GOLDEN SEED, LLC		
		Firm/Company		
		11419 NW 122nd STREET, SUITE 13. Address		
	MEDLEY, FL 33178			
		City/State and Zip Code		
		GOLDENSEED.IMPORT.	EXPORT@GMAIL.COM to be used for future annual report noti	lication)
For furth	ner information c	oncerning this matter, please c	·	incarent,
MIGUEL ANGEL CORDO		407 4291732	4	
	Name o	f Person		e Telephone Number
Enclosed	d is a check for th	ne 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		STREET/COURI		
		Registration Section Division of Corpor		
	P.O. Bo	ox 6327	Clifton Building	'
	i aiiana	issee, FL 32314	2661 Executive Ce Tallahassee, FL 32	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GOLDEN SEED, 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 NOVEMBER 21, 2011 and assigned Florida document number $\underline{L11000132349}$ 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 "LLC." Enter new principal offices address, if applicable: 11419 NW 122 STREET, SUITE 13, MEDLEY, FL 33178 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: 11419 NW 122 STREET, SUITE 13, MEDLEY, FL 33178 (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: 11419 NW 122 STREET, SUITE 13. New Registered Office Address: Enter Florida street address MEDLEY Florida

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.

New Registered Agent's Signature, if changing Registered Agent:

City

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
AMBR	MIGUEL ANGEL CORDO	11419 NW 122 Street Suite 13	
		Medley, FL 33178	□ Remove
			☐ Change
AMBR	KORINA M. RAVELO	11419 NW 122 Street Suite 13	□ Add
		Medley, FL 33178	□ Remove
			■ Change
MGR	JUAN MANUEL CORDO	11419 NW 122 Street Suite 13	_A dd
		Medley, FL 33178	□ Remove
			Change
			Add
			ı □ Remove
			Change
		·	l□ Add
			Remove
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			□ Remove

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Iffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to the speci	(optional) date of filing or more than 90 days after filing.) Pursuant to 605.02 e statutory filing requirements, this date will not be listed a
e record specifies a delayed effective date, but not a The 90th day after the record is filed.	an effective time, at 12:01 a.m. on the earlier
Dated July 15th. 2017	ko
Signature of a member or authoriz	ed representative of a member
MIGUEL ANGEL CORDO	1
Typed or printed r	name of signee

Page 3 of 3

Filing Fee: \$25.00