L13000055965

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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2013 HAY 28 AN ID 52 SECRETARY OF STATE SECRETARY OF STATE

COVER LETTER

	Registration Sect Division of Corpo			
SUBJEC	т: <u>Ас</u> п	Name of Limite	VICE LLC ed Liability Company	
The enclo	sed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please ret	urn all correspond	lence concerning this matter t	to the following:	
		HOWARD NEW	A. Name of Person	
			HOWARD NEUPA	
			ONTEER ROAD #5/2	
		SOUTHWEST RA	City/State and Zip Code	
		Howard @ Neu E-mail address: (to	be used for future annual report notificati	ion)
For further	er information cor	ncerning this matter, please ca		,
	Name of I	Person	at (<u>954</u>) <u>662-1816</u> Area Code & Daytime Te	elephone Number
Enclosed	is a check for the	following amount:		
\$25.00	0 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

FILED

2013 HAY 28 AM 10: 52

AGRI SALES	SERVICE LLC ability Company as it now apportion Limited Liability Company	SEC JALL	RETARY OF STATE AHASSEE, FLORIDA
(A Flo	orida Limited Liability Compan	iy)	
The Articles of Organization for this Limited Liab		4/16/2013	and assigned
Florida document number <u>L 13 0000 559 (</u>	65		
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of th	e limited liability company	here:	
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Co	mpany," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET	ADDRESS)		
	·		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u> </u>		
	.		
B. If amending the registered agent and/or registered agent and/or the new registered office	•	on our records, <u>ente</u>	r the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Florida street a	address
	City	, Florida	Zip Code
			.t

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, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager		
MGRM = Managing Member		

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
mgr	FRANK ASARO	5880 BRIGHTON LANE	Add
		DAVIE, FL 3333)	Remove
			Add
			Remove
			
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove

ling any other information, enter change(s) here: (Attach additional sheets, if necessary
A
MAY 21 , 2013.
r = r = r
Signature of a member or authorized representative of a member
Signature of a member or authorized representative of a member Howard Mea Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

