## 13000156365

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2021 JUL 14 PN 1:28 SECRETARY OF STATE

## **COVER LETTER**

TO:	Registration S Division of Co			
SUBJEC	AG EXPO	RT INTERNATIONAL, LLC		
SOBJEC		Name of Lin	nited Liability Company	<del> </del>
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
		ondence concerning this matter		
		STANLEY HUNT		
			Name of Person	
		RIVER CPA, LLC		
		-	Firm/Company	
		1547 PETERS CREEK RI	D	
		-	Address	
		GREEN COVE SPRINGS	i, FL 32043	
		INICO/ARIUERCRA COM	City/State and Zip Code	
		INFO@RIVERCPA.COM E-mail address: (	to be used for future annual report notif	Teation)
For furth	er information c	concerning this matter, please co	·	
STANLI	EY HUNT		904 626-6347	
	Name o	of Person	Area Code Daytimo	: Telephone Number
Enclosed	is a check for th	he following amount:		
<b>≘</b> \$25,6	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S		Street Address: Registration Sec	tion

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AG EXPORT INTERNATIONAL, LLC	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	iny as it now appears on our records.) Liability Company)
he Articles of Organization for this Limited Liability Company	were filed on and assigned
lorida document number L13000156365	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	417 TRIPLE CROWN LANE
Principal office address MUST BE A STREET ADDRESS)	ST. JOHNS, FL 32259
Enter new mailing address, if applicable:	417 TRIPLE CROWN LANE
Mailing address MAY BE A POST OFFICE BOX)	ST. JOHNS, FL 32259
	R
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new register
Name of New Registered Agent:	7 E 25
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 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.

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

Title	<u>Name</u>	Address	Type of Action
			□Add
		<del></del>	□Remove
			□Change
		<del></del>	□Add
			□Remove
			□Change
			AC Add
			Remove
			MA P □ Chambe  199 - 191  191  251  Add
			□Remove
			☐ Change
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			Remove
			Change
			□Add
			□Remove
			□Change

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Filing Fee: \$25.00