47000166417

| (Req | uestor's Name) | |
|---------------------------|------------------|-------------|
| (Add | ress) | |
| (Add | ress) | _ |
| (City) | /State/Zip/Phon | e #) |
| PICK-UP | MAIT WAIT | MAIL. |
| (Busi | iness Entity Nar | me) |
| (Doc | ument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to F | iling Officer: | |
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Office Use Only



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July 12/2014

COVER LETTER

To Whom it may concern:

Thanks in advance for your keep with

The amendment of Perlo's articles of organization

In case of any questions, my contact

phone # is 727 204, 25/3.

The letter of acknowledgement may be

mailed

13799 Park Blvd. N - Sute 132 Seminole, FL 33774

Shank you,

JUAN-CARLOS LIBREPOS

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

PEZCO AQUAFARMING, 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:

BRENT P. METZLER, C.P.A.

Name of Person

METZLER ADVISORY, LLC

Firm/Company

1610 NORTH 19TH STREET

Address

TAMPA, FL 33605

City/State and Zip Code

BMETZLER@METZLERADVISORY.COM

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

For further information concerning this matter, please call:

JUAN-CARLOS LIBREROS

₄,727,204-2513

Name of Person

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| PEZCO AQUAPARMING, L | | - 4 | | | | |
|--|-------------------------|---|-----------------------|---------------------------------------|-------------|----|
| (Name of the Limited | A Florida Limited Liab | as it now appears on our recollity Company) | : <u>orgs.</u>) | | | |
| The Articles of Organization for this Limited Lia Florida document number L13000166417 | bility Company we | ere filed on 12/02/2013 | 3 | _ and as | signed | |
| This amendment is submitted to amend the follow | wing: | | | | | |
| A. If amending name, enter the new name of t | the limited liabilit | y company here: | | | | |
| The new name must be distinguishable and end with the we | ords "Limited Liability | y Company," the designation | "LLC" or the abb | reviation " | L.L.C." | |
| Enter new principal offices address, if applical | ble: | | | | | |
| (Principal office address MUST BE A STREET | ADDRESS) | | | | | |
| | _ | | | | | |
| | | | | | | |
| Enter new mailing address, if applicable: | - | | | | | |
| (Mailing address MAY BE A POST OFFICE B | <u>ox)</u> | | | | | |
| | - | | | · · · · · · · · · · · · · · · · · · · | | |
| B. If amending the registered agent and/o | | e address on our reco | ords, <u>enter th</u> | ie name | of the no | ev |
| registered agent and/or the new registered offi | ce address here: | | | H, | | |
| Name of New Registered Agent: | BRENT P. ME | ETZLER, C.P.A. | | | | ٠. |
| New Registered Office Address: | 1610 NORTH | 19TH STREET | | | 0. | • |
| non inegistated Office Naultos. | | Enter Florida street ad | dress | , | 2 | |
| | TAMPA | - | Florida 336 | 05 | ত | - |
| | | City | | · Zip Code | <u>л</u> | |

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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member **Title Address Type of Action** <u>Name</u> MGR **JUAN-CARLOS LIBREROS** 2 ROSERY LANE, CLEARWATER, FL 33756 ■ Remove MGR MARGUERITE N. LIBREROS 2 ROSERY LANE, CLEARWATER, FL 33756 ■ Remove 9481 Tara Cay Ct, Seminole, FL 33776 AMGR SAN PEDRO HOLDINGS, LLC ☐ Remove **AMBR** SAN-LUC S.A.S **AVENIDA 3 NORTE #8N-24** ■ Add OFICINA 621 EDIFICIO CENTENARIO 1 □ Řemove... CALI - COLOMBIA AMBR CI PISCICOLA BOTERO S.A. CR 68B #24-64 **TORRE 2 - SUITE 802 BOGOTA D.C. COLOMBIA** _□ Add ☐ Remove

|). If | amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| (Ti | ffective date, if other than the date of filing: (optional) ne effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ne date this document is filed by the Florida Department of State) |
| D | ated JUNE 6TH 2014 |
| | Just A L |
| | Signature of a member or authorized representative of a member |
| | JUAN-CARLÓS LIBREROS |
| | Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00