Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

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From:

: ALONSO & GARCIA, P.A. Account Name

Account Number : I20020000031 Phone : (305)448-3898

Fax Number : (305)443-9073

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: Death & DAlonfo - SALCIO, Coh

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AGRICOM INTERNATIONAL LLC

Certificate of Status	0
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12/28/2013 4:41 PM :91 82-21-S10Z

1 of 2

Alonso Garcia Fax 3054439073 >> 850-617-6381

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



AGRICOM INTERNATIONAL LLC	۲. با
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	<u>```</u>
The Articles of Organization for this Limited Liability Company were filed on 02/13/2014 and assigned	
lorida document number L14000025560	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company here:	
ŴA	
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.I.C" or the abbreviation "L.L.C."	-
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	_
	_
nter new mailing address, if applicable:	
	-
Mailing address MAY BE A POST OFFICE BOX	-
	_
. If amending the registered agent and/or registered office address on our records, enter the name of the egistered agent and/or the new registered office address here:	new
Name of New Registered Agent:	_
New Registered Office Address:	
Enter Florida street address	-
Marida	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

Zip Code

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
MGR	JAIME FREDERICK	1000 NW 57TH CT STE 940	DAdd
		MIAMI, FL 33126	Remove
•			□ Change
MGR	Maria I Rodriguez Villamil Berreta	1000 NW 57TH CT STE 940	Add
		MIAMI, FL 33126	☐ Remove
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