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TO:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ALONSO & GARCIA, P.A.

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 at a

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AGRICOM INTERNATIONAL LLC

Certificate of Status 0 Certified Copy 01 Page Count Estimated Charge \$25.00

O SIMMONS JUL 26 2018

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liab)	ity Company as it now apprairs on our re in Littlifed Limitity Company)	(எ க்)	
The Articles of Organization for this Limited Liability (Florida document number 1.14000025560	Company were filed on 02/13/2014	and assigned	
This amendment is submitted to arriend the following:			
A. If amending name, enter the new name of the lin	ulted lizbility company here:		
The new name must be dissinguishable and contain the words "Lin	nited Lishility Company," the designation "	LLC" or the abbreviation "L.L.C."	_
Enter new principal offices address, if applicable:			
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD	RESS)		•
6.4344.4	er (n. 198 -198 -1986) (n. 1984) Geografia		5EC
Enter new mailing address, if applicable:			語です
(Mailing address MAY BE A POST OFFICE BOX)	,		LZS LZS
B. If amending the registered agent and/or registered agent and/or the new registered office ade			
Mark Control Add			
New Registered Office Address:	Enter Florida street on	ldress	-
	<u></u>	, Florida	_
	City	Zip Code	-

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

AGRICOM INTERNATIONAL LLC

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 marely 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

Page 1 of 3

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
MGR	Maria ! Rodriguez-Villami! Berreta	1000 NW 57TH CT STE 940	[] Add
		MLAMI, FL 33126	Remove
			Change
MGR	NELSON G. LESTI OJEDA	7791 NW 46 STREET SUITE 309	Add
		MIAMI, FL 33166	C Remava
			C Change
			[D] Add
			D Remove (F)
			CRETARY OF STANSON OF
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record specifies a delay The 90th day after the r	ed effective date,	but not an effec	tive time, at 12:	01 a.m. on the earl	ier of:
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1	Signature of a memb	er or authorized represe	entative of a mamber	·	
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Filing Fee: \$250.00