

08/27/2014

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SALVER P.A.

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Division of Corporations

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L14000129438

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : PAUL SALVER, P.A.
Account Number : I20020000087
Phone : (954) 389-1333
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ACS AMERICA COCOA SUPPLIERS, LLC

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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T. HAMPTON

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8/27/2014 9:54:44 AM PAGE 1/001 Fax Server

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August 27, 2014

FLORIDA DEPARTMENT OF STATE

Division of Corporations
aCS AMERICA COCOA SUPPLIERS, LLC
200 SOUTH BISCAYNE BLVD.
SUITE 2790
MIAMI, FL 33131

SUBJECT: ACS AMERICA COCOA SUPPLIERS, LLC
REF: L14000129438

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Are you removing or adding the MGR?

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist III

FAX Aud. #: H14000200664
Letter Number: 214A00018387

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P.O BOX 6327 - Tallahassee, Florida 32314

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ACS AMERICA COCOA SUPPLIERS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 8/18/14 and assigned Florida document number L14000129438.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: _____

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DANIEL DE ARRUDA CELIDONIO	200 SOUTH BISCAYNE BLVD.	<input type="checkbox"/> Add
		SUITE 2790	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33131	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

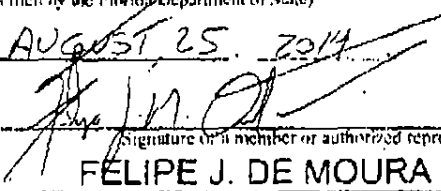
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated ☒

AUGUST 25, 2014


Signature of a member or authorized representative of a member

FELIPE J. DE MOURA QUINTANA

Typed or printed name of signer

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