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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1 Shivers MAY 01 2015

COVER LETTER

TO: Registration Section "
Division of Corporations

SUBJECT: GAPS INVESTMENTS 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:

MAURICIO ITRI

Name of Person

GAPS INVESTMENTS LLC

Firm/Company

535 E SAMPLE ROAD

Address

POMPANO BEACH - FLORIDA - 33064

City/State and Zip Code

YOURTAX@THESMARTTAX.COM

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

For further information concerning this matter, please call:

FERNANDA LOLA

954 782 3610

Name of Person

at ()

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**

GAPS TRADING INVESTMENTS LLC

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

The Articles of Organization for this Limited Liability Company were filed on 09/26/2014 and assigned Florida document number L14000150861.

This amendment is submitted to amend the following:

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

AG TECH INTERNATIONAL USA LLC

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:

ALAN VILLA DA SILVA

New Registered Office Address:

535 E SAMPLE ROAD

Enter Florida street address

POMPANO BEACH

City

Florida

33064

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

Page 1 of 3

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>
AMBR	GILBERTO P DA SILVA	535 E SAMPLE ROAD	<input type="checkbox"/> Add
		POMPANO BEACH, FL 33064	<input checked="" type="checkbox"/> Remove
MGR	MAURICIO ITRI	535 E SAMPLE ROAD	<input type="checkbox"/> Add
		POMPANO BEACH - FL 33064	<input checked="" type="checkbox"/> Remove
AMBR	AG TECH SISTEMA LTD/	AV. DR LUIS GOMES DE MATTOS, 228	<input checked="" type="checkbox"/> Add
		RIBEIRAO PRETO - SP 14 078 - 600	<input type="checkbox"/> Remove
MGR	ALAN VILLA DA SILVA	535 E SAMPLE ROAD	<input checked="" type="checkbox"/> Add
		POMPANO BEACH - FL 33064	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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TALLAHASSEE, FLORIDA

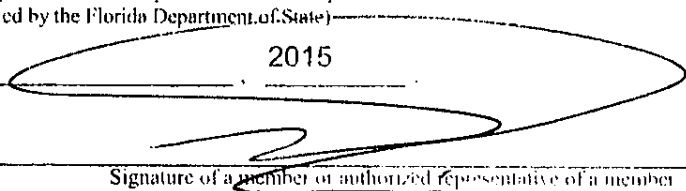
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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 APRIL 20

2015



Signature of a member or authorized representative of a member

MAURICIO ITRI

Typed or printed name of signer

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15 APR 27 PM 12:58
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TALLAHASSEE, FLORIDA