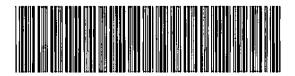
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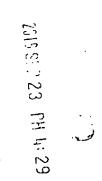
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	, -
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE	·	COLEXAGRO USA LLC		
		Name of Lim	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
			DOMINGO DELFINO	
			Name of Person COLEXAGRO USA LLC	
			Firm/Company	
			1927 NW 79TH AVENUE	
		-	Address	
			MIAMI, FL 33126	
		msa	City/State and Zip Code lcedo@salcedoassociates.com	
		E-mail address: (to be used for future annual report noti	fication)
For fun	ther information c	oncerning this matter, please c	all:	
	MARINA SAL	LCEDO	at ()	215 1163
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclose	ed is a check for th	ne following amount:		
□ \$25	5.00 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

19 2000

2019 SEP 23 PH 4: 29

COLEXAGRO USA LLC

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

Florida document numberL14000171097	·			
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of t	the limited lia	bility company her	<u>re</u> :	
The new name must be distinguishable and contain the wor	rds "Limited Lia	bility Company," the de	signation "LLC" or the abbreviation "LLC"	_
Enter new principal offices address, if applical			AVENUE, MIAMI FL 33126	
(Principal office address MUST BE A STREET				_
			-	_
Enter new mailing address, if applicable:		1927 NW 79TH .	AVENUE, MIAMI FL 33126	
				_
(Mailing address MAY BE A POST OFFICE B	(OX)			
(Mauing address MA) BE A POST OFFICE B	(<u>OX)</u>			_
		office address on	our records enter the name of the	_ _
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered	office address on	our records, enter the name of the	_ _
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered	office address on ere:	our records, enter the name of the	_ _ <u>new</u>
B. If amending the registered agent and/or registered agent and/or the new registered office agent and of New Registered Agent:	r registered ice address he	<u>ere</u> :	our records, enter the name of the	new
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered	re: TH AVENUE	our records, enter the name of the	
B. If amending the registered agent and/or registered agent and/or the new registered office agent and of New Registered Agent:	r registered ice address he	Enter Florid	da street address	
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent: New Registered Office Address:	r registered ice address he 1927 NW 791 MIAMI	Ere: TH AVENUE Enter Floria City		new
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent: New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent.	r registered ice address he legal new 1927 NW 791 MIAMI	City	du street address , Florida ³³¹²⁶ Zip Code	-
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent: New Registered Office Address:	r registered ice address he 1927 NW 791 MIAMI egistered Agent agent and agent and completered agent as	City t: ree to act in this care performance of notes provided for in Cl	da street address , Florida 33126 Zip Code apacity. I further agree to comply with any duties, and I am familiar with and hapter 605, F.S. Or, if this document is	the

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>	<u>Address</u>	Type of Action
MGR	MARINA SALCEDO	1927 NW 79TH AVENUE, MIAMI FL 33126	⊟ Add
			□ Remove
			Change
			□ Remove
			Change
<u> </u>			
		-	□ Remove
			Change
			☐ Remove
			☐ Change
			
			Remove
			Change
		 	
			☐ Remove
			☐ Change

٠		
:		228026
Note	09/16/2019 ctive date, if other than the date of filing: ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ament's effective date on the Department of State's records.	07 (3)(b) as the
the re	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier e 90th day after the record is filed.	of:
Date	SEPTEMBER 17 2019	
Date		
	The street of th	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00