11/4/2019



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HUNTON, ANDREWS, KURTH, LLP

Account Number : 120000000236 Phone : (305)810-2542 Fax Number : (305)810-2460

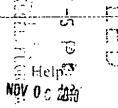
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

mlopezmartinez@hunton.com Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SUCRO CAN INTERNATIONAL LLC

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T. LEWIEUX

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

·			, ''	
SUCRO CAN INTERNATIONAL	LLLC	2019	NOV -5 🕮 🖫	: 36
(Name of the Limi	ted Liability Compa (A Florida Limited	inv as it now appear	rs on our records.)
	•			on the second of
e Articles of Organization for this Limited I	.iability Company	were filed on A	phr 26-2016	and assigned
orida document numberL16000082359				
	•			
is amendment is submitted to amend the following	owing:			
If amending name, enter the new name of	f the limited liab	ility company h	<u>ere</u> :	
ucro Florida LLC				
ne new name must be distinguishable and contain the	words "Limited Liab	ility Company," the	designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A		
Principal office address MUST BE A STREI				·-
rincipal office address (1031-1027) STREET	21 213-2			
				<u></u>
. The state of County and the		N/A		
nter new mailing address, if applicable:	Constitu			
Auiling address MAY BE A POST OFFICE	<u> 80A)</u>			· <u>···········</u>
. If amending the registered agent and	Var registered :	office address o	on our records	enter the name of the
gistered agent and/or the new registered of	ffice address her	<u>re</u> :	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Name of New Registered Agent:	N/A			
New Registered Office Address:		EnterFle	oridastreet address	
			ri	
		City.	, r lo	ridaZspCode
				•

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 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>	<u>Address</u>	Type of Action
N/A	N/A	N/A	🗖 Add
			□ Remove
			☐ Change
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			□ Remove
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Τo

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fective date, if other than the d in effective date is listed, the date must b	ate of filing:	a data of filips or more tha	optional)	16 605 0207
ate: If the date inserted in this bloc	k does not meet the applied	able statutory filing requ	direments, this date will not	be listed as
eument's effective date on the Dep	artment of State's records			
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Page 3 of 3

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