116000174518

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SECRETARY OF STATE

K. SALY MAR 2 9 2017

COVER LETTER

TO: Regi Divis	stration Secti sion of Corpo	ion rations					
SUBJECT:	Southern Gro	wers & Traders LLC			,		
		Name of Limi	ted Liability Company				
•		mendment and fee(s) are sub-					
,		Felipe Elton					
		Firm/Company					
		8200 N.W. 41 Street, Suite 200					
		Address					
		Doral, FL 33166					
		felipe@sgtproduce.com E-mail address: (to be used for future annual re	eport notification)			
For further in	formation con	cerning this matter, please ca	all:				
Felipe Elton			305 721-	-3135			
	Name of F	Person	Area Code	Daytime Telephor	ne Number		
Enclosed is a	check for the	following amount:				,	
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	1	

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

2017 MAR 27 PM 1:25

JANUARY OF STATE
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Southern Growers & Traders 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 September 19, 2016 and assigned
Florida document number L16000174518	
This-amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The 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:	8200 N.W. 41 Street
(Principal office address MUST BE A STREET ADDRESS)	Suite 200
	Doral, FL 33166
Enter new mailing address, if applicable:	8200 N.W. 41 Street
(Mailing address MAY BE A POST OFFICE BOX)	Suite 200
	Doral, FL 33166
registered agent and/or the new registered office address her Name of New Registered Agent:	office address on our records, enter the name of the new re:
New Registered Office Address:	
	Enter Florida street address
	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered Agent	, i
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
	inging 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: FILED MGR = Manager 2017 MAR 27 PM 1:25 Type of Action

SECRETARY OF STATE

TALLAHASSEE, ELORIDA AMBR = Authorized Member **Title Name** <u>Address</u> ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add □ Remove _□ Change ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

☐ Change

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tive date, if other than the date of filing:	(optional)
fective date is listed, the date must be specific and cannot be prior to a lift the date inserted in this block does not meet the applicable	date of filing or more than 90 days after filing.) Pursuant to 605.0 te statutory filing requirements, this date will not be listed
nent's effective date on the Department of State's records.	
cord specifies a delayed effective date, but not a e 90th day after the record is filed.	an effective time, at 12:01 a.m. on the earlier
March 22 2017	
	<u>11</u>

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Filing Fee: \$25.00