

47000027857

DIVISION OF CORPORATIONS

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : EXPRESS ACCOUNTING AND INCOME TAX SVCS CORP.
Account Number : I20060000141
Phone : (561)929-6899
Fax Number : (954)788-7400

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AGRICOID WORLD, LLC**

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MAR 06 2017

S. YOUNG

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COVER LETTER

TO: Registration Section
Division of Corporations

17 0000 59399 8

SUBJECT: AGRICOIN WORLD, 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:

ANIBAL QUINTAO

Name of Person

EXPRESS ACCOUNTING

Firm/Company

3927 N. FEDERAL HWY

Address

POMPANO BEACH, FL 33064

City/State and Zip Code

EAClients@GMAIL.COM

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

For further information concerning this matter, please call:

ANIBAL QUINTAO

954

788-7400

at ()

Name of Person

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 MAR -3 AM 8:04

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

AGRICOID WORLD, LLC

17 0000 59399 3

(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 2/03/2017 and assigned
Florida document number 1.17000027857.

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 contain 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 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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	OLEOVEG USA LLC	3927 N. FEDERAL HWY	<input checked="" type="checkbox"/> Add
		POMPANO BEACH, FL 33064	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

7 MAR - 3 PM 8:04
SECRETARY OF STATE
TALLAHASSEE, FL 32304

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_ (optional)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

[Dated] MARCH 03

2917

Signature of a member or authorized representative of a medical

RENAUD C. HUBBARD

Typed or printed name of signer

FILED
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA
17 MAR -3 AM 8:04