

L17 0000 51821

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

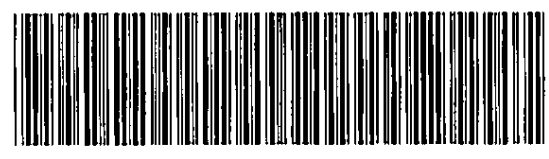
(Business Entity Name)

(Document Number)

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18 JUN - 7 PM 3:48
SECRETARY OF STATE
DIVISION OF CORPORATIONS

N COOPER
JUN 08 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AGBIZ LATAM 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:

ZULENY, A. TAMARA
Name of Person

AGBIZ LATAM LLC
Firm/Company

5930 NW 99TH AVE UNIT 6
Address

DORAL, FL 33178
City/State and Zip Code

agribusiness@agbizlatam.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ZULENY, A. TAMARA at (786) 720 8607
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

AGBIZ LATAM LLC

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JUN - 7 PM 3:48

The Articles of Organization for this Limited Liability Company were filed on 03/06/2017 and assigned

Florida document number L17000051821

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)

5930 NW 99th Ave Unit 6
Doval FL 33178

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME ABOVE

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:

ZULENY A. TAMARA

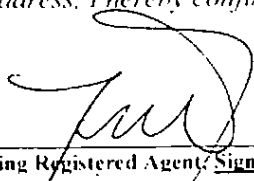
New Registered Office Address:

5930 NW 99th Ave Unit 6
Enter Florida street address

Doval Florida 33178
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Maria B. Damas	8400 NW 36th St	<input checked="" type="checkbox"/> Add
		Suite 450.	<input type="checkbox"/> Remove
		Doral FL 33166	<input type="checkbox"/> Change
MGR	Zuleny A. Tamara	5930 NW 99th AVE	<input type="checkbox"/> Add
		Unit 6	<input type="checkbox"/> Remove
		Doral - FL 33178	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<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
			<input type="checkbox"/> Change

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

AMENDMENT OF CAPITAL CONTRIBUTIONS OF MEMBERS IT IS DESCRIBED BELOW

MEMBERS

NAME	PERCENTAGE INTEREST.
JOSE R GRANADO	35%
GERMAN E. ADRIAN	30%
ZUCENY A. TANARA	35%

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FIELD SECRETARY OF STATE DIVISION OF CORPORATION

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 05/25/2013

Signature of a member or authorized representative of a member

ZUCENY ANDREA TANARA BARBOZA

Typed or printed name of signee