

L17 000 109 796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

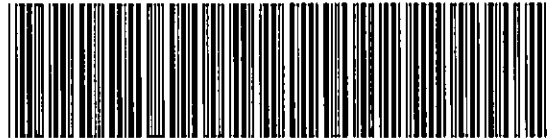
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2020 APR 29 AM 9:35
SOUTH CAROLINA
FALL AKA SFE 110409

APR 30 2020

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: USA Agribusiness ERP + Payroll
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:

Ernesto Nardone
Name of Person

USA Agribusiness ERP + Payroll
Firm/Company

585 East State Road 434, suite 101
Address

Longwood, FL 32750
City/State and Zip Code

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

For further information concerning this matter, please call:

Ernesto Nardone at (407) 951-3463
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|--|--|--|

☒ already paid

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

re-submitting correct form

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

USA Agribusiness ERP Payroll

(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 5/17/2017 and assigned

Florida document number L17000109796

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)

585 East State Road 434, suite #101
Longwood, FL
32750

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

585 East State Road 434, suite #101
Longwood, FL
32750

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:

Ernesto Navclone

New Registered Office Address:

585 East State Road 434, suite 101
Enter Florida street address

Longwood Florida 32750
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.

Ernesto Navclone

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>
MR MGR	Ernesto Nardone	585 East State Road 434 Longwood, FL 32750	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
Ms. MGR	Erika Paymard	585 Grant Street Longwood, FL 32750	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
Ms MGR	Erika Paymard		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Ms MGR	Erika Paymard		<input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
Ms MGR	Erika Paymard		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
Ms MGR	Erika Paymard		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
Ms. MGR	Erika Paymard		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change

SECRETARY OF STATE
TALAHASSEE, FLORIDA
2020 APR 29 AM 9:35

2020 APR 29 AM 9:35
SECRETARY OF STATE
ITALY/AMASSER/FLORIO/

2020 APR 29 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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)

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 April 24th, 2020

Ever to Malone

Signature of a member or authorized representative of a member

ERNESTO WARDONE

Typed or printed name of signee

Filing Fee: \$25.00