

L17000146344

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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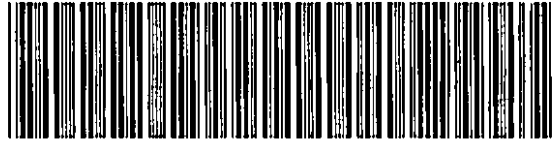
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS

O. SIMMONS

AUG 01 2017

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: INTEGRAL AGRO LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIA ELENA SEMIDEY

Name of Person

MEDINA LEGAL SUPPORT

Firm/Company

3105 NW 107th AVE SUITE 400

Address

DORAL, FL 33172

City/State and Zip Code

V.MEDINAINVESTMENTS@GMAIL.COM

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

For further information concerning this matter, please call:

MARIA ELENA SEMIDEY 786 2003303
Name of Person at () 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**

INTEGRAL AGRO 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 07/07/2017 and assigned
Florida document number L17000146344

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

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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>
MGR	RAMOS, ANTONIO J	AV BAEDEKER NRO 10	<input type="checkbox"/> Add
		ACARIGUA, PO. 03303	<input checked="" type="checkbox"/> Remove
		VENEZUELA	<input type="checkbox"/> Change
MGR	GUTIERREZ, ROSA E	CALLE 2 CASAC2-31 PETIMOR.	<input type="checkbox"/> Add
		CABUDARE, LA. 03023	<input checked="" type="checkbox"/> Remove
		VENEZUELA	<input type="checkbox"/> Change
MBR	RAMOS, ANTONIO J	AV BAEDEKER NRO 10	<input checked="" type="checkbox"/> Add
		ACARIGUA, PO. 03303	<input type="checkbox"/> Remove
		VENEZUELA	<input type="checkbox"/> Change
MBR	GUTIERREZ, ROSA E	CALLE 2 CASA C2-31 PETIMOR	<input checked="" type="checkbox"/> Add
		CABUDARE, LA. 03023	<input type="checkbox"/> Remove
		VENEZUELA	<input type="checkbox"/> Change
MGR	GONZALEZ, MARISELA	QTA MONTALBAN COLINAS	<input type="checkbox"/> Add
		DE ARAURE, ARAURE PO	<input checked="" type="checkbox"/> Remove
		VENEZUELA	<input type="checkbox"/> Change
MBR	GONZALEZ, MARISELA	QTA MONTALBAN COLINAS	<input checked="" type="checkbox"/> Add
		DE ARAURE, ARAURE PO	<input type="checkbox"/> Remove
		VENEZUELA	<input type="checkbox"/> Change

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Division of Criminal Justice

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DIVISION OF CONSPIRACIES

(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:

Dated JULY 24 2017

FERNANDO MONTENEGRO

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Filing Fee: \$25.00