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L17000256726
Division of Corporations

Florida Department of State
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To:

Division of Corporations
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From:

Account Name : BILZIN SUMBERG BAENA PRICE & AXELROD LLP
Account Number : 07535000132
Phone : (305)374-7580
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
OPTIMUM ICD HOLDINGS LLC

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JUL 11 2022

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OPTIMUM ICD HOLDINGS 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 12/15/2017 and assigned
Florida document number L17000256726

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

AgFood Holding LLC

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:

SANTOS HOLLMANN

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.

[Signature]

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>
MGR	PAUL MARTIN	LEVEL 6, GATE VILLAGE BUILDING 7,	<input checked="" type="checkbox"/> Add
		DIFC, DUBAI, PO BOX 333888,	<input type="checkbox"/> Remove
		UNITED ARAB EMIRATES	<input type="checkbox"/> Change
MGR	KHALIFA AL DABOOS	LEVEL 6, GATE VILLAGE BUILDING 7,	<input type="checkbox"/> Add
		DIFC, DUBAI, PO BOX 333888,	<input checked="" type="checkbox"/> Remove
		UNITED ARAB EMIRATES	<input type="checkbox"/> Change
MGR	SIMON HARLAND	LEVEL 6, GATE VILLAGE BUILDING 7,	<input type="checkbox"/> Add
		DIFC, DUBAI, PO BOX 333888,	<input checked="" type="checkbox"/> Remove
		UNITED ARAB EMIRATES	<input type="checkbox"/> Change
MGR	GASTON MARQUEVICH	1200 LAKE GROVES ROAD NW	<input type="checkbox"/> Add
		LAKE PLACID, FL 33852	<input checked="" type="checkbox"/> Remove
		UNITED STATES OF AMERICA	<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



