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PICK-UP WAIT MAIL
(Business Entity Name)
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SECREDARY OF STATE
TALLAHASSI F. F. CARR

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## **COVER LETTER**

Div	ision of Corp	porations				
CHDIECT.	TRITON FARMS USA LLC					
SUBJECT:		Name of Limi	ited Liability Company			
The enclosed	I Articles of A	Amendment and fee(s) are sub-	mitted for filing.			
Please return	all correspor	ndence concerning this matter	to the following:			
		ADELFO ROQUE				
		***	Name of Person			
		CAPITAL ACCOUNTS, I	NC.			
		_ <del>.</del>	Firm/Company			
	7855 NW 12TH ST STE 211					
			Address	<del></del>		
		DORAL, FL 33126-1819				
			City/State and Zip Code			
		aroque@capitalaccounts.ne				
		h-mail address: (i	to be used for future annual report notifica-	HION)		
For further in	nformation ec	oncerning this matter, please ca	ıll;			
ADELFO R	OQUE		305 482-9616			
•	Name of	Person	Area Code Daytime T	clephone Number		
Enclosed is a	a check for th	e following amount:				
■ \$25.00 F	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

**Registration Section** 

TO:

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

TRITON FARMS USA LLC		
( <u>Name of the Limite</u>	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
	ability Company were filed on 08/09/2018	and assigned
This amendment is submitted to amend the follo	wing:	18 18 18
A. If amending name, enter the new name of	the limited liability company here:	AC A
TRITON FARMS LLC		10 K
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC" or the a	obreviation L.C.
Enter new principal offices address, if applica (Principal office address MUST BE A STREE)		AM II: 59
Enter new mailing address, if applicable:		
<u>(Mailing address MAY BE A POST OFFICE I</u>	<u></u>	
B. If amending the registered agent and/or the new registered off	or registered office address on our records, <u>enter</u> ice address here:	the name of the new
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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
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nment's effective date of	i ne Deparmen	of State 3 fector	us.				
record specifies a de	elaved effectiv	ve date, but i	not an effect	ive time, at 12:	01 a.m. or	the e	arlier
The 90th day after th	ne record is fil	ed.		•			
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AUGUST 9			<del></del> .				

Page 3 of 3

Filing Fee: \$25.00