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COVER LETTER

TO:

TO: Registration So Division of Con			
AGRONIV	AR, LLC	; *	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ORMO, MANUEL		
		Name of Person	
		Firm/Company	
	3610 NE 1st Ave		
	Miami, FL 33137	Address	
	Whathi, FL 33137	City/State and Zip Code	
	AgronivarLLC@gmail.com		
For further information of	e-mail address: (to be used for future annual report notificall:	eation)
Leonardo Ormo		305 793-4223	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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 Addre		Street Address:	:
Registration Section Division of Corporations		Registration Sect Division of Corp	
P.O. Box 632		The Centre of Ta	
Tallahassee,	FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AGRONIVAR, 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 03/05/2020	and assigned
Florida document number L20000073643		
This amendment is submitted to amend the following:		
(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		
The new name must be distinguishable and contain the words "Limited Liabi	lity 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 agent and/or the new registered office address here:	address on our records, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
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 agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am provided for in Chapter 605, F.S. Oi	familiar with and r, if this document is

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>	Name	Address	Type of Action
MGR	Leonardo Ormo	3610 NE 1st Ave. Miami FL 33137	
			□Remove
			☐ Change
			bbA□
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			□Remove
			□Change
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Effective date, if other than the (If an effective date is listed, the date must	date of filing: t be specific and cannot be prio	r to date of filing or more than	(optional) 90 days after filing.) Pursuant to 605	5.0207 (3)
Note: If the date inserted in this blo document's effective date on the De	ock does not meet the appli	cable statutory filing requir	rements, this date will not be list	ed as the
document's effective date on the De	partition of State 8 (coords	1.		
ne record specifies a delayed effective	e date (but not an effective)	time at 12:01 a.m. on the e	earlier of: (b) The 90th day after	er the
ord is filed.	y date, but him an effective	1	arrier on (o) The your day are	i die
			/]	
4th of Anni	2020	/ /	'/	
Dated				
Dated 4th of April		11/11/11/11	/	

Typed or printed name of signee