

h21 000301614

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

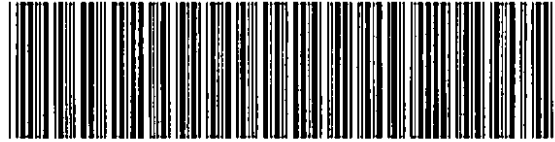
(Business Entity Name)

(Document Number)

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09/07/22 - 31004--011 **25.00

2022 JUL 16 AM 10:02

Amend/Name Change

SEP 07 2022

D CUSHING

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AUXILIAR INTERNATIONAL IMPORT AND EXPORT LLC

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:

RAQUEL B MOWRER

Name of Person

ON TARGET BUSINESS SOLUTIONS LLC

Firm/Company

7021 GRAND NATIONAL DR. SUITE 100

Address

ORLANDO, FL 32819

City/State and Zip Code

RAQUEL@RMONTARGET.COM

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

For further information concerning this matter, please call:

RAQUEL B MOWRER

407

745-1706

at (_____) _____

Name of Person

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 Address:

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

2022 JUN 16 PM 10:02

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

AUXILIAR INTERNATIONAL IMPORT AND EXPORT 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 06/30/2021 and assigned
Florida document number L21000301614

This amendment is submitted to amend the following:

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

AMAZON FRUITS FARMS 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:

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Scariot, Andre Luiz	Rua Saldanha Marinho, 757 - Centro	<input checked="" type="checkbox"/> Add
		Manaus - AM 69010-040	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	de Medeiros, Cleber Aduino	AM 010, KM 35, Ramal Aguas Brancas II, 2050	<input checked="" type="checkbox"/> Add
		Zona Rural - Manaus. AM 69000-000	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: 06/13/2022 (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 June 13th 2022
Signature of a member or authorized representative of a member
Jose Adelson dos Santos Silva
Typed or printed name of signee