KZI CCC 4995C7

(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
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2021 DEC 17 PH 3: 24

COVER LETTER

TO: Registration S Division of Co			
SUMIAG	RO LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	SHAWILDA VELASQUI	÷Z	
		Name of Person	
	SUMIAGRO LLC		
		Firm/Company	
	19370 COLLINS AVE 10	14	
	, , , , , , , , , , , , , , , , , , , ,	Address	
	SUNNY ISLES BEACH.	F1, 33160	
		City/State and Zip Code	
	USTUEMPRESA@GMAI		
For further information	concerning this matter, please c	to be used for future annual report not	(fication)
SHAWILDA VELASÇ	·	786 340-0372	
Name	of Person	at () Area Code Daytin	ne 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 Addr Registration		<u>Street Address:</u> Registration Se	ction
Registration Section Division of Corporations		Division of Cor	
P.O. Box 63	27	The Centre of T	Tallahassee
Tallahassee.	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



SUMIAGRO LLC

company has been notified in writing of this change.

2021 DEC 17 Pri 3: 21:

(Name of the Lim	ited Linbility Comp (A Florida Limited	any as it now appears on our red Liability Company) - 2.0	Cords)
The Articles of Organization for this Limited Florida document number L21000489507	Liability Company	were filed on 11/13/2021	and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited lial	oility company here:	
NA			
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		NA	
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		NA	
(Mailing address MAY BE A POST OFFICE	<u>: BOX)</u>		
B. If amending the registered agent and/or agent and/or the new registered office addr		address on our records, <u>en</u>	ter the name of the new register
Name of New Registered Agent:	NA		
New Registered Office Address:	NA 		
	NA	Enter Florida street ad	Florida NA C Zipriode
New Registered Agent's Signature, if changing	Registered Agent	City	Zip Code
I hereby accept the appointment as register provisions of all statutes relative to the pro			

If Changing Registered Agent, Signature of New Registered Agent

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

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>	Address	Type of Action
AMBR	NOEMY DELGADO	19370 COLLINS AVE. 1014	≣ Add
		SUNNY ISLES BEACH, FL 33160	□Remove
			□Change
NA	NA	NA	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Remove
		 	☐ Change
NA	NA	NA	□Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
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			□Remove
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NA	NA	NA	□Add
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ective date, if other than the date effective date is listed, the date must be s	specific and cannot be prior	to date of filing or more	(optional) than 90 days after filing.) Pur	suam to 605.0207 (3
te: If the date inserted in this block of ument's effective date on the Depart			equirements, this date will	not be listed as the
record specifies a delayed eff ne 90th day after the record		t an effective time	e, at 12:01 a.m. on	the earlier of:
d DECEMBER 08TH	2021	<u> </u>		
Sign	Shawilda ature of a member or autho	Velasquez	a mounhair	
शर्षा	active of a memori of autho	The diches contained of a	a menuci	
SHAWILDA VELASQUEZ				
	Typed or printe	d name of signee		

Page 3 of 3