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COVER LETTER

TO:	Registration Se Division of Cor	ection porgitions	•	·••	
oun to		OBAL RESULTS, LLC		, ;	
SUBJEC	C1:		ated Liability Company		
The encl	AGRO GLOBAL RESULTS. LLC Name of Limited Liability Company				
Please re	eturn all correspo	ondence concerning this matter	to the following:		
		ANA BENARDES			
			Name of Person		
		AKIN LLC			
			Firm/Company		
		230 SUNPORT LANE, U	NIT 500		
			Address		
		ORLANDO, FL 32809			
			City/State and Zip Code		
		ANA@AKINGROUPUSA.	.COM		
		E-mail address: (to be used for future annual report notif	ication)	
For furth	er information e	oncerning this matter, please c	all:		
ANA BI	ENARDES				
	Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed	is a check for the	ne following amount:			
量 \$25.	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	So0.00 Filing Fee, Certificate of Status Certified Copy radditional copy is enclu	
	Mailing Address		Street Address:	*in-	
	Registration S Division of C		Registration Sec Division of Corp		
	P.O. Box 632		The Centre of Ta		
	Tallahassee. I	FI. 32314	2415 N. Monroe	Street Suite 810	

Tallahassec, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AGRO GLOBAL RESULTS, LLC

2023 AUG 29 AM 9: 10

(A.Florid	a Limited Liability Company)	ALLAN, 1800
	A.UOS.	
The Articles of Organization for this Limited Liability (• •	and assigned
Florida document number L23000170722	<u>_</u> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here	:
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	<u> </u>
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address; if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere	d affina addrace an aur ross	ands onton the name of the name society
agent and/or the new registered affice address here:	u omce address on our reco	rus, enter the name of the new registe
Name of New Registered Agent:	···-	
New Registered Office Address:		
	Enter Florida	street uddress
		, Florida

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 affice 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>	Name	<u>Address</u>	Type of Action
AMBR	DOUGLAS A BAPTISTA CARDE	14391 Orchard Hills Blvd	□Add
		WINTER GARDEN, FL 34787	□Remove
			≅Change
		····	□Add
			□Remove
			Change
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LAST NAME - BAPTISTA C	CARDEIRA		
		 	
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tive date, if other than the c	late of filing:		(optional) days after filing.) Pursuant to 605.0
 If the date inscreed in this block 	ck does not meet the applicab	date of filing or more than 90 de statutory filing requiren	days after filing.) Pursuant to 605.0 nents, this date will not be listed
ment's effective date on the Dep	partment of State's records.		
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ord specifies a delayed effective filed.	gate, but not an effective tim	e, at 12:01 a.m. on the car	ier of: (b) The 90th day after t
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Douglas alex	andre Baptista (ardeira	