Division of Corporations
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN COMERCIALIZADORA G&V LLC

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COVER LETTER

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PUBLEC	.li _		Name of Lin	uted Liability Company		
			nendment and fee(s) are sub	_		
Please ret	turn al	ll corresponde	ence concerning this matter	to the following:		
				RUBEN TORO		
				Name of Person		
				RUBEN TORO P.A		
				Firm/Company		
			7901	KINGSPOINTE PKWY	STE 31	
				Address		
			0	RLANDO , FLORIDA 3		
			-	City/State and Zip Code rubendtorocpa@gmail.co		
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For furthe	er info	rmation conc	erning this matter, please c	all:		
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	-	Name of Pe	rson	Area Code	Daytime Telepho	one Number
Enclosed	is a cl	neck for the f	ollowing amount:			
■ \$25.0	00 Fili	ng Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is en		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

(4250000345453)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COMERCIALIZAD	ORA G&V LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	y as It now appears on ability Company)	our records.)
The Articles of Organization for this Limited Liability Company v. Florida document number <u>L23000533515</u>	were filed on 11/30/2	/2023 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
G&V AGROTRADING LLC		
The new name must be distinguishable and contain the words "Limited Liability	ry 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 ADDRESS)		
Enter new mailing address, if applicable:		2
(Mailing address MAY BE A POST OFFICE BOX)		25
		A
		29
B. If amending the registered agent and/or registered office ac	ddress on our recor	rds, enter the name of the new feristere
agent and/or the new registered office address here:		Civo -
		િક . છ હિં∷ે ઝ
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
New Addition Office Frances.	Enter Florida s	street address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pl being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my rovided for in Chap	oduties, and I am familiar with and opter 605, F.S. Or, 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

Title	Name	Address	Type of Action
			
			□Remove
			□ Change
			□ Add
			Change
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Effective date, if other than the if an effective date is listed, the date mus Note: If the date inserted in this ble document's effective date on the Defeative date on the Defeative date.	ock does not meet the appli	cable statutory filin	(options ore than 90 days after filir g requirements, this da	l) ng.) Pursuant to 605,0207 te will not be listed as
e record specifies a delayed effective rd is filed.	date, but not an effective (time, at 12:01 a.m. c	on the earlier of: (b)	The 90th day after the
Dated JANUARY, 29	2025			
ALN	to NZO G. JIM	IENEZ BAE	E-Z-	
		IMENEZ BAEZ		
		ted name of signer		