13000007083

(Requ	estor's Name)	<u> </u>		
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3 MASON

CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

Phone: 850-558-1500				
ACCOUNT NO. : 12000000195				
REFERENCE : 758474 7991272				
AUTHORIZATION : Tradiclesson				
COST LIMIT : \$ 35.00 \$ 25.00				
ORDER DATE : August 24, 2015				
ORDER TIME : 8:42 AM				
ORDER NO. : 758474-010				
CUSTOMER NO: 7991272				
FOREIGN FILINGS				
NAME: IXE AGRO USA LLC				
XX CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY				
XXXX AMENDMENT				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING				
CONTACT PERSON: Courtney Williams EXT# 62935				

EXAMINER:

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

3 - 1 3	it appears on the records of the Florida Department of
State: IXE AGRO USA LLC	,
2. The Florida document number of this limite	ed liability company is: M1300007083
3. Jurisdiction of its organization: Delawa	are
4. Date authorized to do business in Florida:	11/07/2013
SECTION II (5-9 complete only the applica	
5. New name of the limited liability company:	/: TBZ Farms LLC (must contain "Limited Liability Company, " "L.L.C.," or "LLC.")
	(must contain "Limited Liability Company," "L.L.C.," or "LLC.")
	arpose of transacting business in Florida and attach a copy of the written alternate name. The alternate name must contain "Limited Liability
5. If amending the registered agent and/or registered new registered agent and/or the new registered agent and/or the new registered Agent: New Registered Office Address:	istered office address on our records, enter the name of tered office address here: Ever Florida Street Address
	, Florida
	
	City Zip Code
I hereby accept the appointment as registered comply with the provisions of all statutes relat duties, and I am familiar with and accept the cprovided for in Chapter 605, F.S. Or, if this deregistered office address, I hereby confirm that	City Zip Code
I hereby accept the appointment as registered comply with the provisions of all statutes related duties, and I am familiar with and accept the confirmitian provided for in Chapter 605, F.S. Or, if this deregistered office address, I hereby confirm that writing of this change.	City Zip Code Ing Registered Agent: If agent and agree to act in this capacity. I further agree tive to the proper and complete performance of my obligations of my position as registered agent as document is being filed to merely reflect a change in the at the limited liability company has been notified in the limited Registered Agent, Signature of New Registered
comply with the provisions of all statutes related duties, and I am familiar with and accept the convided for in Chapter 605, F.S. Or, if this do registered office address, I hereby confirm that writing of this change.	City Zip Code Ing Registered Agent: If agent and agree to act in this capacity. I further agree tive to the proper and complete performance of my obligations of my position as registered agent as document is being filed to merely reflect a change in the at the limited liability company has been notified in the limited Registered Agent, Signature of New Registered

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Title/ Capacity	Name	Address	Type of Action
Manager	TBZ management	Herday Pond woodlay Praction	C ■ Add
		Britishire RGS 47B England	Remove
Manager	Alejandro Garcia	9960 NW 116TH WAY, STE 8	🗆 Add
		MEDLEY, FL 33178	■ Remove
MANAGER	Keith Wootherspoon	9960 NW 116TH WAY, STE 8	🗆 Add
		MEDLEY, FL 33178	
Manager	Maria Del Carmen Alvarez	9960 NW 116TH WAY, STE 8	D Add
		MEDLEY, FL 33178	Remove
Manager	Alexander Salgado	9960 NW 116TH WAY, STE 8	🗆 Add
		MEDLEY, FL 33178	■ Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Typed or printed name of signee

Filing Fee: \$25.00

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Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "IXE AGRO USA LLC",

FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "TBZ

FARMS LLC", THE TWENTY-FOURTH DAY OF AUGUST, A.D. 2015, AT 6:04

O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED

LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT

HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS

OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

5325228 8320

151212002

Jeffrey W. Bullock, Secretary of State

AUTHENTY CATION: 2673571

DATE: 08-25-15

You may verify this certificate online at corp.delaware.gov/authver.shtml

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