## P10000064512

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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

NAME OF CORPORATION: AGROPE DOCUMENT NUMBER: P100000645	CURIA USA,	INC.
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this man	tter to the following:	
MICHELE ROT		
AGROPECUA		
1701 NW 112	Firm/ Company AVE. SUITE 1	07
MIAMI, FL 331	78	
MALMENGOR13	City/ State and Zip Code	
	sed for future annual report	
For further information concerning this matter, pleas	se call:	
MICHELE ROTUNNO	at (305	594-4758
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

## **Articles of Amendment** to Articles of Incorporation of

A	GR	OF	PΕ(	CL	JA	RIA	USA,	INC
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I LOUP	21 21/2	OOA	1140.					 	
(Name of Co	orporatio	n as curren	tly filed v	vith th	e Florid	la Dept. o	f State)		
006451	2							 	_
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P1000064512 (Document Number of Corpor	ation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this <i>Florida Profit Corporation</i> adopts t	he following amendment
A. If amending name, enter the new name of the corporat	ion:	
		The new
name must be distinguishable and contain the word "corp" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.	poration," "company," or "incorporated " or "Co". A professional corporation i	" or the abbreviation name must contain the
word "chartered," "professional association," or the abbrevi		್ಷ ಪ
B. Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	)	- 8 E
		<del>一篇</del> 26 戸
C. Futou was mailing address if applicables		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
		•
D. If amending the registered agent and/or registered offi	ce address in Florida, enter the name of	<u>he</u>
new registered agent and/or the new registered office a	ddress:	
Name of New Registered Agent		
(Flo	orida street address)	
Non Books and Office Address	, Florida	
New Registered Office Address:		(ip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	Agent:	e nosition
Thereby accept the appointment as registered agent. I am ju	mmar wim und decept the oonganous of th	o pomioni
Signature of Many Door	stered Agent, if changing	
Signulare of New Negl	and the region, by the regions	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT John	Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sally</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	ST	MICHELE ROTUNNO	1701 NW 112 AVE. SUITE 107
Add			MIAMI, FL 33172
Remove  2) Change	ST	ADRIANA ROTUNNO	1701 NW 112 AVE. SUITE 107
X Add			MIAMI, FL 33172
Remove 3) Change	PD	MICHELE ROTUNNO	1701 NW 112 AVE. SUITE 107
X Add			MIAMI, FL 33172
Remove			
4) Change Add			
Remove			
5) Change	<del></del>		
Add			
Remove			
6) Change	<del></del>		
Add			
Remove			

	onal sheets, if necessary).	(Be specific)			
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f an amendn provisions fo (if not ap	nent provides for an exc or implementing the am oplicable, indicate N/A)	change, reclassif	cation, or cancel ontained in the s	llation of issued s imendment itself:	nares,
	***********				
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.  Effective date if applicable:  08/1/2013	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 8/21/2013	
Signature Zatunno Michele	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
MICHELE ROTUNNO	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	_