P11000069860

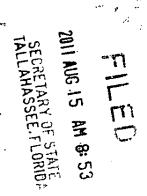
| (R | equestor's Name) | |
|-------------------------|---------------------|-----------|
| (A | ddress) | |
| (A | ddress) | |
| (C | ity/State/Zip/Phone | #) |
| PICK-UP | ☐ WAIT | MAIL |
| (B | usiness Entity Nam | e) |
| (Di | ocument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



900210822449

08/15/11--01007--020 **35.00



100P111

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | RATION: P | RODUCTOS DEL AGRO S | SA INC | |
|--|--|---|---|--|
| DOCUMENT NUM | BER: | ER: P11000069860 | | |
| The enclosed Articles | of Amendment and fee a | re submitted for filing. | | |
| Please return all corre | spondence concerning th | is matter to the following: | | |
| | | EDYNOR VERA | | |
| | 1 | Name of Contact Person | | |
| | PRODUC | CTOS DEL AGRO SA INC | | |
| | | Firm/ Company | | |
| | 6870 | NW 173 DR UNIT 707 | _ | |
| | | Address | | |
| | ļ | MIAM! FL 33015 | | |
| | C | City/ State and Zip Code | | |
| | hrojas@v E-mail address: (to be use | vorldaccounting.net ad for future annual report notification) | | |
| For further information | on concerning this matter, | please call: | | |
| | NOR VERA | at (305)46 | 7-5433 | |
| Name of | Contact Person | Area Code & Daytime Tele | phone Number | |
| Enclosed is a check for | or the following amount n | nade payable to the Florida Departi | ment of State: | |
| ☑ \$35 Filing Fee | \$43.75 Filing Fee & Certificate of Status | \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | |
| Mailing Addr Amendment S Division of Co P.O. Box 6327 | ection orporations | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle | | |
| Tallahassee, FL 32314 | | 2001 DAQQUITO COILOI CITOR | • | |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

| | DEL AGRO SA II | |
|---|-----------------------------|--|
| (Name of Corporation as curre | ently filed with the Flori | ida Dept. Of State) |
| P11 | 000069860 | SECRETARY OF STATE SECRETARY OF STATE SECRETARY OF STATE SECRETARY OF STATE |
| | nber of Corporation (if kn | |
| (2004)10111111111111111111111111111111111 | io. o. co.porazon (m. | the second of the second of the second |
| | 6, Florida Statutes, this I | Florida Profit Corporation adopts the following |
| mendment(s) to its Articles of Incorporation: | | |
| . If amending name, enter the new name of | f the corporation: | • |
| | | ent |
| ame must be distinguishable and contain | | The new |
| . Enter new principal office address, if app Principal office address <u>MUST BE A STREE</u> | | |
| . Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE | | |
| manning data coo Maria Billia Coli Circa | <u></u> | |
| | | |
| | | |
| . If amending the registered agent and/or r | egistered office address | s in Florida, enter the name of the |
| new registered agent and/or the new regis | | |
| N CN D 14 JAnne | | |
| Name of New Registered Agent: | | |
| | | |
| New Registered Office Address: | (Florida street | 1 address) |
| | | , Florida |
| | (City) | (Zip Code) |
| | (~11)/ | (who areas) |
| ew Registered Agent's Signature, if changi | ng Registered Agent: | |
| hereby accept the appointment as registered a | | n and accept the obligations of the position. |
| | | |
| | | |

Signature of New Registered Agent, if changing

| | | s, enter the title and name of each officer/di | rector being |
|--------------------------|--|--|---------------------|
| | id title, name, and address of itional sheets, if necessary) | each Officer and/or Director being added: | |
| (Almaeri ada. | | | |
| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
| VP | ANGEL E. VERA | 6870 NW 173 DR UNIT 707 | ☑ Add |
| | · · · · · · · · · · · · · · · · · · · | MIAMI FL 33015 | ☐ Remove |
| | | | - - |
| | | | |
| | | | ☐ Add ☐ Remove |
| | | | |
| | | | |
| | | | _ □ Add □ Remove |
| | | And the state of t | Remove |
| | | | - |
| re re | 1° 18° 180,° 14.4° | | |
| | ling or adding additional Arti Iditional sheets, if necessary). | | |
| (directive | umonan sheets, sy neoessary). | (Be specific) | |
| | | | |
| | | · · · · · · · · · · · · · · · · · · · | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | -1 | |
| | | | |
| F. If an an | nendment provides for an exc | hange, reclassification, or cancellation of iss | sued shares. |
| <u>provisio</u> (if n | ons for implementing the ame of applicable, indicate N/A) | ndment if not contained in the amendment | itseii: |
| (9 /** | or appricable, maleure 1471) | | |
| | | | |
| | | | |
| | | | |
| | | | <u> </u> |
| | | | |
| | | | |
| | | - | |
| | | | |

| The date of each amendmen | t(s) adoption: AUGUST 09, 2011 |
|--|--|
| Effective date if applicable: | AUGUST 09, 2011 (date of adoption is required) |
| | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| | ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval. |
| | are approved by the shareholders through voting groups. The following statement and 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) |
| | (voing group) |
| The amendment(s) was/we action was not required. | ere adopted by the board of directors without shareholder action and shareholder |
| The amendment(s) was/we action was not required. | ere adopted by the incorporators without shareholder action and shareholder |
| Dated | 8/9/11 |
| Signature | Edynor Vera. a director, president or other officer – if directors or officers have not been |
| | a director, president of other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court |
| | pointed fiduciary by that fiduciary) |
| | EDYNOR VERA |
| | (Typed or printed name of person signing) |
| | PRESIDENT |
| | (Title of person signing) |