

Division of Corporations

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**P13000049381**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : JOSE PEREZ  
Account Number : I20130000083  
Phone : (305) 436-0093  
Fax Number : (305) 436-0094

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: brickell@jgpbusiness.com

SECRETARY OF STATE  
JAILL HANSEN-FLORIDA

14 JAN 15 PM 12:47

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
AGROAMERICA TRADE CORP**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

C. Lewis  
1-16-14

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: **AGROAMERICA TRADE CORP**

DOCUMENT NUMBER: **P13000049381**

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**JOSE PEREZ**

Name of Contact Person

**JP GLOBAL BUSINESS SOLUTIONS INC**

Firm/ Company

**7325 NW 36TH ST**

Address

**MIAMI, FL 33166**

City/ State and Zip Code

**BRICKELL@JPGBUSINESS.COM**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**JOSE PEREZ**

Name of Contact Person

at **(305) 200-8657**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|---|--|---|--|

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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14 JAN 15 PM 12:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

**AGROAMERICA TRADE CORP**

(Name of Corporation as currently filed with the Florida Dept. of State)

**P13000049381**

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

**B. Enter new principal office address, if applicable:**

(Principal office address **MUST BE A STREET ADDRESS**)

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent \_\_\_\_\_

(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

\_\_\_\_\_  
Signature of New Registered Agent, if changing

**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                      V      Mike Jones

X Add                              SV      Sally Smith

Type of Action  
(Check One)

Title

Name

Address

- |   |          |                                |                                  |
|---|----------|--------------------------------|----------------------------------|
| 1) <input type="checkbox"/> Change            | <u>D</u> | <u>FERREIRA LIMA, EDUARD C</u> | <u>5827 SHERIDAN STREET</u>      |
| <input type="checkbox"/> Add                  |          |                                | <u>HOLLYWOOD, FL 33021</u>       |
| <input checked="" type="checkbox"/> Remove    |          |                                |                                  |
| 2) <input checked="" type="checkbox"/> Change | <u>D</u> | <u>BARBOSA FARIAS, PAULO</u>   | <u>1395 BRICKELL AVE STE 800</u> |
| <input type="checkbox"/> Add                  |          |                                | <u>MIAMI, FL 33131</u>           |
| <input type="checkbox"/> Remove               |          |                                |                                  |
| 3) <input type="checkbox"/> Change            |          |                                |                                  |
| <input type="checkbox"/> Add                  |          |                                |                                  |
| <input type="checkbox"/> Remove               |          |                                |                                  |
| 4) <input type="checkbox"/> Change            |          |                                |                                  |
| <input type="checkbox"/> Add                  |          |                                |                                  |
| <input type="checkbox"/> Remove               |          |                                |                                  |
| 5) <input type="checkbox"/> Change            |          |                                |                                  |
| <input type="checkbox"/> Add                  |          |                                |                                  |
| <input type="checkbox"/> Remove               |          |                                |                                  |
| 6) <input type="checkbox"/> Change            |          |                                |                                  |
| <input type="checkbox"/> Add                  |          |                                |                                  |
| <input type="checkbox"/> Remove               |          |                                |                                  |



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The date of each amendment(s) adoption: 12/19/2013 if other than the date this document was signed.

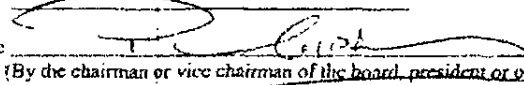
Effective date if applicable: 12/19/2013  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 12/19/2013

Signature

  
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by the incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

PAULO HENRIQUE BARBOSA FARIA

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)