Division of Corporations Electronic Filing Cover Sheet

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(((H110000673523)))



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To:

Division of Corporations

Fax Number

: (050)617-6383

L. SELLERS

MAR 1 5. 2011

From:

Account Name : JONES, FOSTER, JOHNSTON EXAMINER

Account Number : 076077003231 Phone : (561)650-0471

Phone : (561)650-0471 Fax Number : (561)650-0431

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

Email Address: Star Farms corpabell south Net

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN STAR/JEM VEGETABLES, LLC

RECEIVED
II MAR IS AM 10: 52
ECRETARY OF STATE
LLAHASSEE, FLORIDA

 Certificate of Status
 0

 Certified Copy
 1

 Page Count
 02

 Estimated Charge
 \$55.00

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Electronic Filing Menu

Corporate Filing Menu

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MAR. 15. 2011 10:37AM

NO. 1436 P. 2 11100067352 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STAR/JEM VEGETABLES, LLC				
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)				
(A Florida Limited Liability Company)				
The Articles of Organization for this Limited Liability Company were filed on FEBRUARY 24, 2010 and assigned				
Florida document number L10000020975				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability company here:				
STAR FARMS/JEM JOINT VENTURE, LLC				
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "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:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:				
Name of New Registered Agent:				
Name of New Adjusters and the Control of the Contro				
New Registered Office Address: Enter Florida street address:				
Enter Florida street address:				
Florida S				
City rate Code				
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability				

Page 1 of 2

If Changing Registered Agent, Signature of New Registered Agent

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If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = M: MGRM = 1	anager Managing Member		
<u>Title</u>	Name	Address	Type of Action
			— –
	•		
			
·			= = -
-			— i¬»
D. If amend	ling any other information, enter	change(s) here: (Attach additional sheets, if	necessary.)
_			
	March 1E	2011	
Dated	March 15	2011	
	Larry B. Ale		

Page 2 of 2

Filing Fee: \$25.00