

Division of Corporations

Page 1 of 1

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H11000255421 3))



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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : LEGALZOOM.COM INC.  
Account Number : I20010000062  
Phone : (323) 962-8600  
Fax Number : (323) 962-3889

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

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
2 SON'S PRODUCE & NURSERY LLC

|                       |         |
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| Certificate of Status | 0       |
| Certified Copy        | 1       |
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| Estimated Charge      | \$55.00 |

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B. BOSTICK  
NOV 1 - 2011  
EXAMINER

### FAX COVER SHEET

|            |   |
|------------|---|
| TO         |   |
| COMPANY    |   |
| FAX NUMBER | 18506176383                               |
| FROM       | Natalja Karniouchina                      |
| DATE       | 10/31/2011 10:40:20 AM PDT                |
| RE         | 2 Son's Produce & Nursery llc - 501729118 |

### COVER MESSAGE

Natalja Karniouchina  
 Legal Document Preparation Specialist  
 nkarniouchina@legalzoom.com<mailto:nkarniouchina@legalzoom.com>  
 www.legalzoom.com<http://www.legalzoom.com/> | 101 N. Brand Blvd., 10th Floor,  
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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: 2 SON'S PRODUCE & NURSERY LLC**  
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Barbara Dang  
(Name of Person)

Legalzoom.com, Inc.  
(Firm/Company)

100 W. Broadway Suite 100  
(Address)

Glendale, CA 91210  
(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara Dang at ( 323 ) 962-8600  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**FILED**  
 11 OCT 31 AM 8:38  
 TALLAHASSEE, FLORIDA  
 SUPERIOR COURT OF STATE

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

2 SON'S PRODUCE & NURSERY LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/26/2011 and assigned  
Florida document number L11000098083

FILED  
OCT 31 AM 8:30  
TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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: Nicole B. Williams  
New Registered Office Address: 1680 SE Salerno Road  
*(Enter Florida street address)*  
Stuart, Florida 34997  
*(City) (Zip 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 company has been notified in writing of this change.*

*Nicole B. Williams*  
(If Changing Registered Agent, Signature of New Registered Agent)

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 = Manager

MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u>   |
|--------------|-------------|----------------|---|
| _____        | _____       | _____          | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| _____        | _____       | _____          | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| _____        | _____       | _____          | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| _____        | _____       | _____          | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| _____        | _____       | _____          | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| _____        | _____       | _____          | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dated 10-21, 2011

*Nicole B Williams*

Signature of a member or authorized representative of a member

Nicole B Williams

Typed or printed name of signee

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 TALLAHASSEE, FLORIDA

850-617-6381

10/26/2011 8:28:05 AM PAGE 1/001 Fax Server



October 26, 2011

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2 SON'S PRODUCE & NURSERY LLC  
1680 SE SALERNO ROAD  
STUART, FL 34997US

SUBJECT: 2 SON'S PRODUCE & NURSERY LLC  
REF: L11000098083

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6028.

Barbara Bostick  
Regulatory Specialist II

FAX Aud. #: H11000255421  
Letter Number: 611A00024420