

L12000045540

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

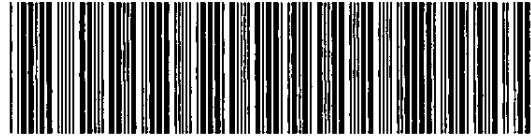
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER
JUL 19 2012

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LAKE REEDY HARVESTING, 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:

TRACY KENT
Name of Person
LAKE REEDY HARVESTING, LLC
Firm/Company
P O BOX 247
Address
FROSTPROOF, FL 33843
City/State and Zip Code
tjkrms@gmail.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

TRACY KENT at (**863**) **635-2628**
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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

LAKE REEDY HARVESTING, 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 04/02/2012 and assigned
Florida document number L12000045540.

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."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

P O BOX 247
FROSTPROOF, FL 33843-0247

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TALLAHASSEE, FLORIDA
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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: TRACY J KENT

New Registered Office Address: 1762 S LAKE REEDY BLVD

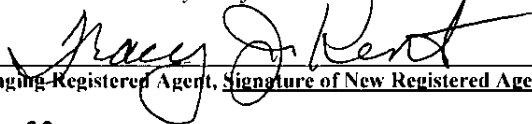
Enter Florida street address

FROSTPROOF, Florida 33843

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.



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> |
|--------------|------------------------------|----------------|---|
| <u>MBR</u> | <u>LELAND E BROOKER, III</u> | _____ | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | _____ | |
| <u>MBR</u> | <u>GEORGE F LAURENT</u> | _____ | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | _____ | |
| | | _____ | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | _____ | |
| | | _____ | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | _____ | |
| | | _____ | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | _____ | |

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

Please Change the mailing address to P O Box 247

Please Change Leland E Brooker to Leland E Brooker, III

Please Change George Laurent to George F Laurent

Please Change Registered Agent to Tracy J Kent

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
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Dated JULY 12, 2012



 Signature of a member or authorized representative of a member

LELAND E BROOKER, III

 Typed or printed name of signee