

L14000026821

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

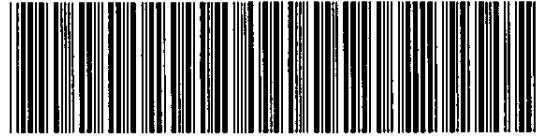
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500255395405

RECEIVED  
DEPARTMENT OF STATE  
14 FEB 20 PM 4:19

FILED  
2014 FEB 20 A 11:08  
FEDERAL BUREAU OF INVESTIGATION

B. BOSTICK  
FEB 21 2014



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 017979 7981301

AUTHORIZATION

*Susie Knight*

COST LIMIT : \$ 25.00

ORDER DATE : February 18, 2014

ORDER TIME : 3:20 PM

ORDER NO. : 017979-010

CUSTOMER NO: 7981301

DOMESTIC AMENDMENT FILING

NAME: FOUR Q FARMS, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER'S INITIALS: \_\_\_\_\_

FILED  
2014 FEB 20 AM 10:08  
TAMPA, FLORIDA

**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

**FIRST:** The name of the limited liability company is:

FOUR Q FARMS, LLC

L14-26821

**SECOND:** Document to be corrected is:

Articles of Organization

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

The Managing Member and the Authorized Representative was incorrectly stated as:

Heike Ruelle Trust

The Managing Member should be amended to read: The Heike Ruelle Revocable Trust

The authorized representative should be amended to read: Heike Ruelle Trustee

**OR**

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

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

**OR**

The electronic transmission of the record was defective.

Heike Ruelle  
Signature of Authorized Representative

2/19/14  
Date

**Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)**

2014 FEB 20 A 11:08

FILED