

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.
Account Number : 076077001702
Phone : (407)841-1200
Fax Number : (407)423-1831

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

Email Address: jnelson@westlakeproduce.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
WESTLAKE MILLER, LLC

Certificate of Status	0
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Page Count	04
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CLERK OF STATE
TALLAHASSEE, FLORIDA

2016 OCT 12 AM 9:09

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K. SALY

OCT 13 2016

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WESTLAKE MILLER, 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:

STEPHEN R. LOONEY, ESQ.

Name of Person

DEAN MEAD EGERTON BLOODWORTH CAPOUANO & BOZARTH, P.A.

Firm/Company

420 S ORANGE AVENUE, SUITE 700

Address

ORLANDO, FL 32801

City/State and Zip Code

jnelson@westlakeproduce.com

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

For further information concerning this matter, please call:

STEPHEN R. LOONEY, ESQ.

407 428-5128

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

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

FILED
2016 OCT 12 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WESTLAKE MILLER, 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 09/01/2000 and assigned
Florida document number L00000010572

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

141 5TH STREET, N.W., SUITE 302

(Principal office address MUST BE A STREET ADDRESS)

WINTER HAVEN, FL 33881

Enter new mailing address, if applicable:

141 5TH STREET, N.W., SUITE 302

(Mailing address MAY BE A POST OFFICE BOX)

WINTER HAVEN, FL 33881

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:

WAYNE D. GIDDINGS

New Registered Office Address:

141 5TH STREET, N.W., SUITE 302

Enter Florida street address

WINTER HAVEN


Florida 33881

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 605, 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.


Wayne D. Giddings
If Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	WILLIAM C. BROOKS	P.O. BOX 2184	<input type="checkbox"/> Add
		IRWINDALE, CA 91706	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JEFF A. MILLER	P.O. BOX 2184	<input type="checkbox"/> Add
		IRWINDALE, CA 91706	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	WESTLAKE DISTRIBUTORS INC	P.O. BOX 2184	<input type="checkbox"/> Add
		IRWINDALE, CA 91706	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

ARTICLE 2 OF THE ARTICLES OF ORGANIZATION ARE AMENDED AS FOLLOWS:

ARTICLE 2 - ADDRESS

The address of the principal office of this Limited Liability Company is 141 5TH STREET N.W., SUITE 302
 WINTER HAVEN, FL 33881

ARTICLE 4 OF THE ARTICLES OF ORGANIZATION ARE AMENDED AS FOLLOWS:

ARTICLE 4 - MANAGEMENT

The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es)
 of such manager(s) is/are: WAYNE D. GIDDINGS

141 5TH STREET N.W., SUITE 302, WINTER HAVEN, FL 33881

ARTICLE 5 OF THE ARTICLES OF ORGANIZATION ARE AMENDED AS FOLLOWS:

ARTICLE 5 - REGISTERED OFFICE AND REGISTERED AGENT

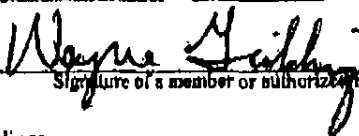
The address of the registered office of this Limited Liability Company is 141 5TH STREET N.W., SUITE 302,
 WINTER HAVEN, FL 33881. The name of the registered agent at that address is WAYNE D. GIDDINGS.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
 (b) The 90th day after the record is filed.

Dated October 12, 2016


Signature of a member or authorized representative of a member

Wayne D. Giddings

Typed or printed name of signer

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA