L01000021452

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(Address)				
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SECRETAKY OF STATE

FEB 1 8 2013

J. BRYAN

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

Morris Jackson & Sons, 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:

Morris Scott Jackson

Name of Person

Firm/Company

620 SE County Road 412

Address

Mayo, Florida 32066

City/State and Zip Code

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

For further information concerning this matter, please call:

Morris Scott Jackson

,386<u>,</u>294-1330

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**

TILED IS PH 1:00

Morris Jackson & Sons, 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 I	Liability Company	were filed on Dece	and assigned
Florida document number L0100021452	·		
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name (of the limited liab	oility company here:	
Morris Jackson & Sons Dairy, LLC			
The new name must be distinguishable and end w. "L.L.C."	th the words "Limi	ited Liability Company	"the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		620 SE County Road 412	
(Principal office address MUST BE A STREE	ET ADDRESS)	Mayo, Florida	32066
Enter new mailing address, if applicable:		620 SE County Road 412	
(Mailing address MAY BE A POST OFFICE BOX)		Mayo, Florida 32066	
B. If amending the registered agent and registered agent and/or the new registered o			records, enter the name of the new
Name of New Registered Agent:	Morris Scot	tt Jackson	
New Registered Office Address:	New Registered Office Address: 243 SE Komondor Drive		
		Enter	Florida street address
	Mayo		, Florida <u>32066</u>
		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>	Address	Type of Action
MGMR	Morris H. Jackson	620 SE County Road 412	Add
		Mayo, Florida 32066	Remove
			-
MGR	Morris Scott Jackson	243 Komondor Drive	Add
		Mayo, Florida 32066	Remove
MGR	Matthew Seth Jackson	620 SE County Road 412	- :
		Mayo, Florida 32066	Add Remove
MGRM	Morris Scott Jackson	243 Komondor Drive	√ Add
		Mayo, Florida 32066	Remove
MGMR	Matthew Seth Jackson	620 SE County Road 412	
		Mayo, Florida 32066	Add Remove
MGR	Eliza Lou Jackson	620 SE County Road 412	Add
		Mayo, Florida 32066	Remove

If amending any other information	n, enter change(s) here: (Attach additi	ional sheets, if necessary.)
		FEB FEB
		5
		R. R.
		0000
February 12,	2013	Dr.
L	nt Jockson	
Signat	ure of a member or authorized representativ	ve of a member
Morris Scott Jack	son	
·	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00