## LO2000024123

(			
(Re	equestor's Name)		
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SECHETARY OF STATE
FALLAHASSEE, FLORIDA

D. BRUCE
OCT 31 2011
EXAMINER

## **COVER LETTER**

Division of Cor	ction porations	•				
SUBJECT:	FF /	Agrico, LLC				
		ited Liability Company				
The enclosed Articles of A	Amendment and fee(s) are sul	omitted for filing.				
Please return all correspon	ndence concerning this matter	to the following:				
		Terri H. Fechtel				
		Name of Person				
FF Agrico, LLC			_			
		Firm/Company				
	30	36 W. Bearss Avenue				
		Address		_		
	7	ampa Florida 33618		TAKT.	<b>=</b>	
		City/State and Zip Code		ARE	1 007	1
jay@thefechtelcompany.com  E-mail address: (to be used for future annual report notification)			ARY SSE	23		
For further information co	oncerning this matter, please of		полнеакон	OF ST	MH: 37	ED
Sand	di Dougherty	at ( 813 )	264-7778	ATE RIDA	37	
Name of	<u>~</u>		aytime Telephone Number	<del></del>		
Enclosed is a check for the	e following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee &	\$55.00 Filing Fee &	<b>[</b> ]\$60.00 Fi	iling Fee.		
	Certificate of Status	Certified Copy (additional copy is enc	Certific losed) Certifie	ate of Statu		osed)
	NG ADDRESS:	STREET/CO	DURIER ADDRESS:			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FF Agri	co, LLC		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	<u>any as it now appea</u> Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Compan Florida document numberL0200024123	y were filed on	9/17/2002	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company her	<u>re</u> :	
The new name must be distinguishable and end with the words "Lin	nited Liability Compa	any," the designation	"LLC" or the abbreviation
"L.L.C."			<b>D</b>
Enter new principal offices address, if applicable:			<b>F 1</b>
(Principal office address MUST BE A STREET ADDRESS)			A C TI
			23 ARY SSR
			mg <b>≥ m</b>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			37 RB/
	·		
B. If amending the registered agent and/or registered of		our records, <u>enter</u>	the name of the ne
registered agent and/or the new registered office address he	<u>re</u> :		
Name of Nam Davistand Agent.			
Name of New Registered Agent:			
New Registered Office Address:			<del></del>
	En	ter Florida street a	ddress
		, Florida _	
	City		Zin 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 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 **Type of Action** <u>Title</u> Name **Address** MGR Terri H. Fechtel ✓ Add 531 County Line Road Lutz Florida 33549 Remove Vincent J. Fechtel, III MGRM 531 County Line Road ☐ Add ✓ Remove Lutz Florida 33549 Remove Add Remove  $\square$ Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) October Dated\_ ignature of a member or authorized representative of a member Terri H. Fechtel Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00