

Florida Department of State

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Division of Corporations

: (850)205-0383 Fax Number

f'rom:

: HARRISON, HENDRICKSON & KIRKLAND, P.A. Account Name

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LIMITED LIABILITY AMENDMENT

PALMA SOLA BAY NURSERIES, LLC

Certificate of Status	0
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941 746 9229;

30 Jul 03 9:02; Job 282; Page 2/3

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AMENDMENT TO THE ARTICLES OF ORGANIZATION

<u>OF</u>

PALMA SOLA BAY NURSERIES, LLC

The undersigned authorized agent for PALMA SOLA BAY NURSERIES, LLC, a Limited Liability Company organized under the laws of the State of Florida, hereby certify:

- That the name of the Limited Liability Company is PALMA SOLA BAY 1. NURSERIES, LLC. The Articles of Organization were filed with the Secretary of State of the State of Florida on July 21, 2003.
 - 2. The Articles of Organization of said Company are amended as follows:
 - a. That the Articles of Organization are hereby amended to change the name of the Company to "PALMA SOLA BAY NURSERY, LLC." and the previous name of the Company shall be deleted from the Articles of Organization in each and every place where it appears and the new name substituted in place thereof. Said name change shall take effect immediately upon the filing of this Amendment to the Articles of Organization.
 - 3. In all other respects the Articles of Organization are ratified, reaffirmed and remain unchanged.
 - The above Amendment to the Articles of Organization of PALMA SOLA BAY NURSERIES, LLC. was adopted by the Member of the Company.

TIIOMAS W. HARRI Authorized Agent for Company

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941 748 9229;

30 Jul 03 9:02; Job 282; Page 3/3

H030002434246

STATE OF FLORIDA COUNTY OF MANATER

I HERBBY CERTIFY that on this day, before me, an officer duly authorized in the State and County last aforesaid to take acknowledgments, personally appeared THOMAS W. HARRISON, personally known to me to be the Authorized Agent for PALMA SOLA BAY NURSERIES, LLC, and that he acknowledged executing the same under authority duly vested in him by said Company.

WITNESS my hand and official seal in the State and County last aforesaid, this 30 day of

Notary Public

My Commission Expires:

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