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AUG 11 2010

EXAMINER



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COVER LETTER

Division of Corporations					
SUBJECT: BL	AND IRRIGATION	I BY KELLY D BLAND	LLC		
	Name of Limit	ted Liability Company			
The enclosed Articles of Am	nendment and fee(s) are sub	mitted for filing.			
Please return all corresponde	ence concerning this matter	to the following:			
		DONNA BYRNE			
Name of Person					
COWAN & PACETTI INC					
Firm/Company					
400 1141 4 0 4 0777777					
-	136 MALAGA STREET Address				
ST AUGUSTINE, FLORIDA 32084					
City/State and Zip Code					
	E-mail address: (to	be used for future annual report noti	ication)		
For further information conc	•	·			
For futurer information conc	erning this matter, please ca	ш.			
DONN	A BYRNE	at (904)	824-8463		
Name of Per	rson	Area Code & Daytin	e Telephone Number		
Enclosed is a check for the fe	ollowing 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

TQ:

Registration Section

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

BLAND IRRIGATION BY KEL	LY BLAND LLC	
(<u>Name of the Limited Liability Company as it no</u> (A Florida Limited Liability Co	ow appears on our records. ompany))
The Articles of Organization for this Limited Liability Company were file	d on01/01/2007	and assigned
Florida document numberL03000044087		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability com	pany here:	
The new name must be distinguishable and end with the words "Limited Liabili"L.L.C."	ity Company," the designation	on "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		`
		(a) -
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
)
B. If amending the registered agent and/or registered office addr	ress on our records, <u>ent</u>	ter the name of the new
registered agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	1
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 Changing Registered Agent, Signature of New Registered Agent

1 - 1 - 1

MGR = Manager

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:

MGRM = Managing Member Title Name Address Type of Action MGRM JOSHUA DELOACH 7006 MIDDLETON AVENUE ☐ Add ST AUGUSTINE, FLORIDA 32080 Remove Remove ☐ Remove Add Remove ∏Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 10 SHARES OF BLAND IRRIGATION BY KELLY D BLAND LLC OWNED BY JOSHUA DELOACH WILL BE TURNED OVER TO KELLY D BLAND **AUGUST 9** 2010 Dated ____ Signature of a member or authorized representative of a member KELLY D BLAND Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00