

Division of Corporations Page 1 of 1
L03000048202

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000043495 3)))



H140000434953ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : DAVIS, SCHNITKER, REEVES & BROWNING, P.A.
Account Number : I19980000057
Phone : (850) 973-4186
Fax Number : (850) 973-8564

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FULL CIRCLE DAIRY, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	08
Estimated Charge	\$25.00

RECEIVED

14 FEB 21 PM 4:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 FEB 21 AM 8:02

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

((H14000043495 3)))

**TO: Registration Section
Division of Corporations**

SUBJECT: FULL CIRCLE DAIRY, 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:

GREGORY N. WATTS

Name of Person

Firm/Company

1479 SE Winquepin St

Address

Lee, FL 32059

City/State and Zip Code

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

For further information concerning this matter, please call:

____ at (____) _____
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

((H14000043495 3)))

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

((H14000043495 3)))

FULL CIRCLE DAIRY, 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 11/26/2003 and assigned
Florida document number L03000048202

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
14 FEB 21 AM 8:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

((H14000043495 3)))

((H14000043495 3))

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	GREGORY N. WATTS	1479 SE WINQUEPIN ST	<input type="checkbox"/> Add
		LEE, FL 32059	<input checked="" type="checkbox"/> Remove
MGR	MICHAEL BLESY, II	6506 SE OLUSTEE DR	<input type="checkbox"/> Add
		LEE, FL 32059	<input checked="" type="checkbox"/> Remove
MGR	GERALD R. GARLAND	Post Office Box 125	<input checked="" type="checkbox"/> Add
		Colquit, GA 39837	<input type="checkbox"/> Remove
AMBR	SWISS HAVEN DAIRY, LLC	4325 NE Hwy 150	<input checked="" type="checkbox"/> Add
		Pinetta, FL 32350	<input type="checkbox"/> Remove
AMBR	BLESY'S DAIRY, LLC	959 SE Reservoir St.	<input checked="" type="checkbox"/> Add
		Lee, FL 32059	<input type="checkbox"/> Remove
AMBR	LEE MILK CO., LLC	575 Maxwell St.	<input checked="" type="checkbox"/> Add
		Arlington, GA 39813	<input type="checkbox"/> Remove

((H14000043495 3)))


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

SEE ATTACHED AMENDED AND RESTATED ARTICLES OF ORGANIZATION

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated February 21, 2014.



Signature of a member or authorized representative of a member

Gerald R. Garland

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

((H14000043495 3)))

((H14000043495 3)))

AMENDED AND RESTATED
ARTICLES OF ORGANIZATION
OF
FULL CIRCLE DAIRY, LLC

The undersigned subscriber to these Articles of Organization, a natural person, competent to contract, hereby executed these Articles of Organization for the purpose of forming a limited liability company under the laws of the State of Florida.

ARTICLE I.

The name of this limited liability company is FULL CIRCLE DAIRY, LLC.

ARTICLE II.

The period of duration for this limited liability company shall be perpetual.

ARTICLE III.

The mailing address and street address of the principal office of this limited liability company is 1479 SE Winquepin Street, Lee, Florida 32059.

ARTICLE IV.

The name and street address of the registered agent of this limited liability company is GREGORY N. WATTS, 1479 SE Winquepin Street, Lee, Florida 32059.

ARTICLE V.

The only members of this limited liability company are SWISS HAVEN DAIRY, LLC, a Florida limited liability company, BLESY'S DAIRY, LLC, a Florida limited liability company, and LEE MILK CO., LLC, a Florida limited liability company.

ARTICLE VI.

The remaining members of this limited liability company shall have the right to continue

((H14000043495 3)))

the business of this limited liability company on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in this limited liability company.

ARTICLE VII.

This limited liability company shall be a manager managed limited liability company and the manager is GERALD GARLAND, who shall have the right and authority to manage this limited liability company.

IN WITNESS WHEREOF, the members have hereunto set their hands and seals this 21 day of February, 2014.

FULL CIRCLE DAIRY, LLC

LEE MILK CO., LLC, as Member

By: 

GERALD GARLAND, Manager

SWISS HAVEN DAIRY, LLC as Member

By: 

GREGORY N. WATTS, Manager

BLESY'S DAIRY, LLC, as Member

By: 


MICHAEL BLESY, SR., Manager

(((H14000043495 3)))

STATE OF FLORIDA
COUNTY OF MADISON

I HEREBY CERTIFY that on this day before me, an officer duly authorized in the State and County named above to take acknowledgments, personally appeared GERALD GARLAND, as Manager of and on behalf of LEE MILK CO., LLC; GREGORY N. WATTS, as manager of and on behalf of SWISS HAVEN DAIRY, LLC; and MICHAEL BLESY, SR., as Manager of and on behalf of BLESY'S DAIRY, LLC; all as members of FULL CIRCLE DAIRY, LLC, and who executed the foregoing Amended and Restated Articles of Organization, and acknowledged before me that they subscribed to these Amended and Restated Articles of Organization.

WITNESS my hand official seal in the County and State named above this 21 day of February, 2014.


Notary Public

My Commission Expires:



JOYCE A. BROWN
Notary Public, State of Florida
My Comm. Expires Feb. 8, 2018
Commission No. FF 61814

(((H14000043495 3)))

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE
FOR THE SERVICE OR PROCESS WITHIN FLORIDA,
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In compliance with Section 608.415, Florida Statutes, the following is submitted:

FULL CIRCLE DAIRY, LLC, to organize or qualify under the laws of Florida, with its principal place of business at 1479 SE Winquepin Street, Lee, Florida 32059, names GREGORY N. WATTS, whose address is 1479 SE Winquepin Street, Lee, Florida 32059, whose street address is 1479 SE Winquepin Street, Lee, Florida 32059, as its registered agent to accept service of process within Florida, and for such other purposes as required for registered agents.

FULL CIRCLE DAIRY, LLC

LEE MILK CO., LLC, as Member

By: 

GERALD GARLAND, Manager

SWISS HAVEN DAIRY, LLC as Member

By: 

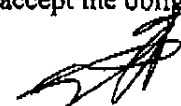
GREGORY N. WATTS, Manager

BLESY'S DAIRY, LLC, as Member

By: 

MICHAEL BLESY, SR., Manager

Having been named to accept service of process for the above named limited liability company, at the place designated in this Certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties. I am familiar with, and accept the obligations of Registered Agent.


GREGORY N. WATTS
Registered Agent

Dated: February 21, 2014