

#L04000039133

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP☐ WAIT☐ MAIL

(Business Entity Name)

(Document Number)

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13 JAN 17 PM 5:22

OFFICE OF STATE
ATTORNEY, FLORIDA

K. SALLY
EXAMINER
JAN 18 2013



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 18, 2012

ALUCHUWA FARMS, LLC
CONNIE W. TRAMMELL
501 N. HOLLANDTOWN RD.
WAUCHULA, FL 33873

SUBJECT: ALUCHUWA FARMS, LLC
Ref. Number: L04000039133

We have received your document for ALUCHUWA FARMS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 812A00029815

ALUCHUWA FARMS,LLC
CONNIE W. TRAMMELL
501 N. HOLLANDTOWN RD
WAUCHULA, FL 33873

December 31, 2012

TO: Karen A Saly
Regulatory Specialist II
Division of Corp
P.O. Box 6327
Tallahassee, FL 32314

RE: Letter # 812A00029815

Please find enclosed the signed Articles of Amendment to Articles of Organization
for Aluchuwa Farms, LLC.

I apologize for the inconvenience. Thank you.

Sincerely,

A handwritten signature in black ink that reads "Connie W. Trammell". The signature is written in a cursive, flowing style.

Connie W. Trammell
Aluchuwa Farms, LLC

COVER LETTER

**TO: Registration Section
Division of Corporations**

ALUCHUWA FARMS, LLC

SUBJECT: _____
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:

CONNIE W. TRAMMELL

Name of Person

ALUCHUWA FARMS, LLC

Firm/Company

501 N. HOLLANDTOWN ROAD

Address

WAUCHULA, FL 33873

City/State and Zip Code

jmtcwt@hotmail.com

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

For further information concerning this matter, please call:

Connie W TRammell

Name of Person

at (**863**)

773-0255

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" 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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
ALUCHUWA FARMS, LLC

FILED
13 JAN 17 PM 5:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

05/14/2004

The Articles of Organization for this Limited Liability Company were filed on 05/14/2004 and assigned
Florida document number LO4000039133.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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)

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:

N/A

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 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

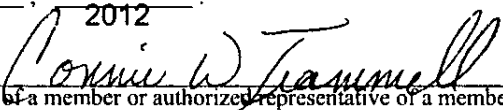
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Connie W. Trammell	501 N. HollandTown Rd Wauchula, FL 33873	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated October 15, 2012


Signature of a member or authorized representative of a member

Connie W. Trammell
Typed Name of Member