## L050000 52032

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SECRETARY OF STATE
NVISION OF CORPORATIONS

09 OCT - | AM D: 48

T. HAMPTON

OCT - 2 2009

EXAMINER

## COVER LETTER

.1, ...

TO:	Registration S Division of Co			<b>∵.</b>
SUBJI	ECT:	Farmri	ch, LLC	<u></u>
	• • • • • • •	Name of Limi	ted Liability Company	Control of the Control of
٠	•	•		
The en	closed Articles of	Amendment and fee(s) are sub-	omitted for filing.	production of a second
Please	return all corresp	ondence concerning this matter	to the following:	
		Thoma:	s A. Collins, II	, Esquire
			Name of Person	
		Treis	er & Collins P.L	
			Firm/Company	
		3080	Tamiami Trail Ea	st
			Address	
		Naple	s, FL 34112	
		<del></del>	City/State and Zip Code	
		E-mail address: (	to be used for future annual repor	notification)
For fu	rther information	concerning this matter, please	call:	
	<b></b>	111	D	4000 out 210
	Tnomas	A. Collins, II, of Person	ESQ. at ( 239 ) 649-	aytime Telephone Number
	Hame	of i cison	71104 0040 00 15	ayame relegione ramber
Enclos	sed is a check for	the following amount:		
\$2	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is end	Certificate of Status & Certified Copy (additional copy is enclosed)
		LING ADDRESS: tration Section	Registration	
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ion of Corporations	Division of C Clifton Build	Corporations
				ve Center Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Farmrich,	LLC	
(Name of the Limited Liability Comp	pany as it now appears on our records.) Liability Company)	
· (ATTOTAL DIMINA	. Dubliny Company)	
The Articles of Organization for this Limited Liability Compan	ny were filed on5/25/2005	and assigned
Florida document number L05000052032		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and end with the words "Liu"L.L.C."	mited Liability Company," the designation	1 "LLC" or the abbreviation
Enter new principal offices address, if applicable:		<u></u>
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		<b>0</b> 32
		S Zm
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<b>2</b> 300
(Mulling undress MAT BE ATOST OFFICE BOX)		<b>8</b> 80
B. If amending the registered agent and/or registered	office address on our records, ente	or the name of the new
registered agent and/or the new registered office address h	ere:	the name of the men
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
	, Florida	
<del></del>	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

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>	Address	Type of Action
MG <u>RM/Pr</u> es	Corneillie, James	12754 Vista Pine Circle Ft. Myers, FL 33913	Add ☑ Remove
Vice MGRM/Pres	Corneillie, Vicki	12754 Vista Pine Circle Ft. Myers, FL 33913	☐ Add <b>※</b> Remove
MGRM	Parlante, Richard	5060 Sycamore Drive Naples, FL 34119	Add Remove
MGRM	Parlante, Christina	5060 Sycamore Drive Naples, FL 34119	Add Remove
<del>,</del>	· 		Add Remove
<u> </u>			Add Remove
D. If amend	ing any other information, enter change	e(s) here: (Attach additional sheets, if necessary	) 
			OCT -
			ORPORATION S
Dated _ <del>S</del>	M	on authorized representative of a member	
	$ \mathcal{I}$	arlante, MGRM	
	Typed	or printed name of signee	·

Page 2 of 2

Filing Fee: \$25.00