

LD5000111738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

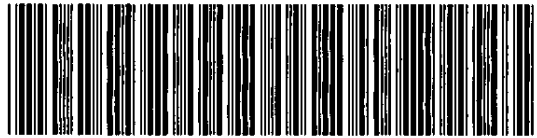
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08 DEC 30 AM 9:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. O'Brien DEC 30 2008

WINDERWEEDLE, HAINES,  
WARD & WOODMAN, P.A.

ATTORNEYS AT LAW

MAIN TELEPHONE (407) 423-4246

WWW.WHWW.COM

Please Reply To:

Winter Park Office

**Randolph J. Rush**

Direct Dial: (407) 246-8413

E-mail: rrush@whww.com

December 23, 2008

Division of Corporations  
Florida Department of State  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Hickory Branch, LLC  
No. L05000111738

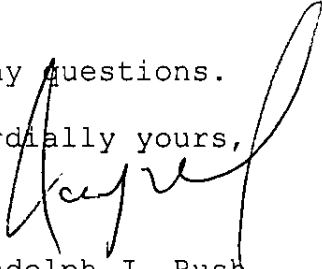
Gentlemen:

Enclosed please find Articles of Amendment to Articles of Organization of Hickory Branch, LLC, changing the name to Hickory Branch Citrus, LLC. We enclose your original letter of December 3, 2008 and its enclosures. Please note, however, that the original check of \$416.25 was not returned with your letter.

Also enclosed please find our firm's check in the amount of \$25.00 payable to the Florida Department of State for the filing fee of the Articles of Amendment.

Please let us know if you have any questions.

Cordially yours,

  
Randolph J. Rush

RJR/lb  
Enclosures

K:\Running W\Letter to FL Dept of State re Articles of Amendment Hickory Branch Citrus.wpd

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
08 DEC 30 AM 9:43  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

HICKORY BRANCH, 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 11/18/2005 and assigned  
Florida document number L05000111738.

This amendment is submitted to amend the following:

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

HICKORY BRANCH CITRUS, LLC

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:

4210 Metro Parkway, Suite 250

**(Principal office address MUST BE A STREET ADDRESS)**

Fort Myers, Florida 33916-9409

Enter new mailing address, if applicable:

4210 Metro Parkway, Suite 250

**(Mailing address MAY BE A POST OFFICE BOX)**

Fort Myers, Florida 33916-9409

**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:

Richard Choma

New Registered Office Address:

4210 Metro Parkway, Suite 250

*(Enter Florida street address)*

Fort Myers

*(City)*

Florida 33916-9409

*(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.*

*X Richard Choma*

**(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	First American Exchange Comp	2075 Centre Pointe Blvd. Tallahassee, Florida 32308	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Mgrm	Running W Citrus Limited Partne	4210 Metro Parkway, Suite 250 Fort Myers, Florida 33916	<input checked="" 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 Dec 22, 2008



Signature of a member or authorized representative of a member

Charles W. Lucas, President

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 DEC 30 AM 9:43

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