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| (Requestor's Name)                      |  |  |  |  |
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| (Address)                               |  |  |  |  |
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| (Address)                               |  |  |  |  |
| (Cib. (Chaba / Tip (Dhana 4)            |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
| •                                       |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
|   |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
|   |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
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SECRETARY OF STATE
SECRETARY OF STATE

C. LEWIS

AUG 2 5 2009

EXAMINER

## COVER LETTER

| TO:  | Registration Sec<br>Division of Corp |   |  |  |  |
|--|--------------------------------------|---|--|--|--|
|  | en e                                 |   |  |  |  |
| SUBJECT: VARNER  |                                      |   | RESOURCES LLC  |  |  |
| •  |                                      | Name of Limit                                 | ted Liability Company  |  |  |
|  |                                      | Amendment and fee(s) are sub                  |  |  |  |
|  |                                      |   | Roy Davis Varner   |  |  |
|  |                                      |   | Name of Person   |  |  |
|  |                                      | Va  | amer Resources LLC   |  |  |
|  |                                      |   | Firm/Company   |  |  |
|  |                                      |   | 8301 Cosme Road  |  |  |
|  |                                      | Address Odessa FL 33556                       |  |  |  |
|  |                                      |   |  |  |  |
|  |                                      | E-mail address: (1                            | ARNERRESOURCES.COM to be used for future annual report notificat   | ion)   |  |
| For fu   | rther information co                 | ncerning this matter, please c                | ali:   |  |  |
|  | Roy                                  | Davis Varner                                  | at (813) 41  | 17-0474  |  |
|  | Name of                              | Person  | Area Code & Daytime T  | elephone Number  |  |
| Enclos   | sed is a check for the               | e following amount:                           |  |  |  |
| <b>□\$2</b> 5  | 5.00 Filing Fee                      | CK #1308 ENCLOSED                             | ☐\$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 |                                      | ation Section<br>n of Corporations<br>ox 6327 | STREET/COURIER Registration Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230 | ons<br>er Circle   |  |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2009 AUG 24 PM 1: 05

| VARN (Name of the Limited Lia (A Flo  | IER RESOURCES LLC<br>bility Company as it now appears<br>orida Limited Liability Company) | SECRETARY OF STATE<br>On our records) AHASSEE, FLORIDA |  |
|---|---|--|--|
| The Articles of Organization for this Limited Liabil Florida document number                        |   | May 1, 2006 and assigned                               |  |
| This amendment is submitted to amend the following.  A. If amending name, enter the new name of the | •   | <b>;</b>   |  |
| The new name must be distinguishable and end with the "L.L.C."                                      | e words "Limited Liability Compar   | sy," the designation "LLC" or the abbreviation         |  |
| Enter new principal offices address, if applicable  | e:  |  |  |
| (Principal office address MUST BE A STREET A  | (DDRESS)  |  |  |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO                 | <u></u>   |  |  |
| B. If amending the registered agent and/or registered agent and/or the new registered office        |   | ur records, <u>enter the name of the new</u>           |  |
| 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 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Type of Action** Address Title Name MGRM Wendy Varner 8301 Cosme Road ☐ Add √ Remove Odessa FL 33556 Roy Davis Varner MGRM 8301 Cosme Road ✓ Add Remove Odessa FL 33556 ☐ Add Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) August 19 2009 Dated Signature of a member or authorized representative of a member Wendy Vamer, Roy Davis Varner Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00