



## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** BLUE LAKE CITRUS PRODUCTS, 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:

Allan M. Lerner

\_\_\_\_\_  
Name of Person

Law Offices of Allan M. Lerner, P.A.

\_\_\_\_\_  
Firm/Company

2888 East Oakland Park Boulevard

\_\_\_\_\_  
Address

Fort Lauderdale, FL 33306

\_\_\_\_\_  
City/State and Zip Code

joanne@lernerpa.com; allan@lernerpa.com

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

For further information concerning this matter, please call:

Joanne F. Lerner

954 563-8111

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee       \$30.00 Filing Fee & Certificate of Status       \$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

**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**

BLUE LAKE CITRUS PRODUCTS, 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 August 24, 2006 and assigned Florida document number L06000084035.

This amendment is submitted to amend the following:

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

MBSD, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

6300 Stirling Road

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

Hollywood, FL 33024

**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:**

Tena Granit

**New Registered Office Address:**

6300 Stirling Road

*Enter Florida street address*

Hollywood

Florida 33024

*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.*

X Tena Granit  
If Changing Registered Agent, Signature of New Registered Agent

**If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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	Seminole Tribe of Florida, Inc.	6300 Stirling Road.	<input checked="" type="checkbox"/> Add
		Hollywood, FL 33024	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Morgan H. Roe	650 Avenue R, SW	<input type="checkbox"/> Add
		Winter Haven, FL 33880	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

16 DEC 12 PM 2:49  
 ALLIANCE OF AMBR  
 SEMINOLE TRIBE OF FLORIDA

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

ARTICLES OF ORGANIZATION: Article V regarding Management of Business, is revised to state that the LLC is to be managed by its Members and the name and address of the sole Member is Seminole Tribe of Florida, Inc., 6300 Stirling Road, Hollywood, FL 33024.

16 DEC 15 PM 2:49  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

FILE

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

X Dated November 29, 2016

X Tena Grant

Signature of a member or authorized representative of a member

TENA GRANIT

Typed or printed name of signee