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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

OCT 3 0 2009

EXAMINER

COVER LETTER

10:	Division of Corp				
SUBJE	ECT:	Blue Hea	d Farms, LLC		
		Name of Limite	d Liability Company		
The en	closed Articles of A	Amendment and fee(s) are subn	nitted for filing.		
Please	return all correspor	ndence concerning this matter to	o the following:		
	Yvonne Bunce, Corporate Secretary Name of Person			cretary	-
•		Atla	antic Blue Group, Inc).	
•			Firm/Company	·	-
			PO Box 1318 Address		- 17 ₅₀ C
		Lake	Wales, FL 33859-13	318	POOCT
		ybu	City/State and Zip Code nce@atlanticblue.us	3	29 I
For fur	ther information co	E-mail address: (to	be used for future annual rep	ort notification)	09 OCT 29 PH 1: 30 SECRETARY OF STATE TALLAHASSEE, FLORIDA
	Yvonne Bunce Name of	e, Corporate Secretary Person	at (<u>863</u>) Area Code &	679 9595 Daytime Telephone Number	
Enclos	ed is a check for th	e following amount:			
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	nclosed) Certifie	iling Fee, ate of Status & ed Copy onal copy is enclosed)
	Registra	NG ADDRESS: ation Section n of Corporations ax 6327	Registration	Corporations	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Blue	Head Farms, LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appe Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on	August 28, 2006	and assigned
Florida document numberL06000085138	<u></u> ·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company h	ere:	
The new name must be distinguishable and end with the will "L.L.C."	ords "Limited Liability Com	pany," the designation "Ll	LC" or the abbreviation
Enter new principal offices address, if applicable:			SEL SEL
<u>(Principal office address MUST BE A STREET ADD</u>	RESS)		} S n
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		S	29 PH 1:30
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad		our records, enter th	ne name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	E	Inter Florida street addr	ess
	City	, Florida	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	I = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Lisa Jensen	PO Box 1318, Lake Wales, FL 33859	Add Z Remove
MRG	Yvonne Bunce	PO Box 1318, Lake Wales, FL 33859	✓ Add ☐ Remove
			Add Remove
			Add Remove
	_		Add Remove
			Add Remove
D. If an	nending any other information, ente	er change(s) here: (Attach additional sheets, if necessary.)	
	President - Kenneth J. Smith		P) 09 OCT 2 SECRETAR ALLAHASS
			29 SSER
Dated _	October 28,	,	ED FSAM
	Signature of a	a member or authorized representative of a member JD Alexander	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00