L06000088220

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SECRETARY OF STATE
SECRETARY OF STATE

J. BRYAN

AUG 1 2 2009

EXAMINER

COVER LETTER

TO:	Registration Se Division of Co			/
SUBJECT: lbis Tran			nsportation, LLC	
		Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please	return all correspondent	ondence concerning this matte	r to the following:	
	Edward Almeida, Esq.			
Name of Person				
		United	d States Sugar Corporation	
		Firm/Company		
111 Ponce de Leon Avenue		OS AUG 11 AM11:48 SECRETARY OF STATE SECRETARY SEE, FLORID		
			Address	SS
		Cl	lewiston, Florida 33440	Fig. E
City/State and Zip Code		ST ST		
		F-mail address:	almeida@ussugar.com (to be used for future annual report notifica	ution)
For fur	ther information of	concerning this matter, please		,
	Edwa	rd Almeida, Esq.	at (863) 9	02-2418
	Name o	of Person	Area Code & Daytime	l'elephone Number
Enclos	ed is a check for t	he following amount:		
\$25	5.00 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)
	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ibis Trans	sportation, LLC			
(Name of the Limited Liability Co (A Florida Lim	mpany as it now app ited Liability Compan	pears on our records.) y)		
The Articles of Organization for this Limited Liability Com Florida document number L06000088220	pany were filed on _	September 7, 2006 and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	l liability company	<u>here</u> :		
lbis Et	thanol, LLC			
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Con	mpany," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRES	<u></u>	FE T		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		GI AMII: 48 ETARY OF STATE HASSEE, FLORID		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		n our records, enter the name of the new		
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

<u>Title</u>	Name	Address	Type of Action			
<u>P</u>	Malcolm S. Wade, Jr.	111 Ponce de Leon Avenue Clewiston, Florida 33440	Add Remove			
<u>s</u>	Gerard A. Bernard	111 Ponce de Leon Avenue Clewiston, Florida 33440	Add Remove			
<u>P</u>	Duncan MacDonald	111 Ponce de Leon Avenue Clewiston, Florida 33440	_☑ Add _□ Remove			
<u>s</u>	Jacques Albert-Thenet	111 Ponce de Leon Avenue Clewiston, Florida 33440	_ √ Add _ Remove			
			Add Remove			
D. If amending	g any other information, enter change(s	here: (Attach additional sheets, if necessary) Free Property (Start and Additional sheets)				
		. FLOXIU	MIN STATE			
Dated	July 28 , 2009	End M				
Signature of a member or authorized representative of a member Edward Almeida, Esq.						

Page 2 of 2

Filing Fee: \$25.00