1 of 2

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000179668 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL

Account Number : 110432003053

Phone

: (561)694-8107

Fax Number

: (561)694-1639

Enter the email address for this business entity to be used for fully annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN IBIS ETHANOL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IBIS ETHANOL, LLC

(Name of the Limited Liability Cor (A Florida Limit	mpany as it now appeated Liability Company)	rs on our records.)			
The Articles of Organization for this Limited Liability Comp. Florida document number L0600088220	oany were filed on	17/2006 and ellective: 09/06/	2008 and a	.ssignec	ì
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	llability company he	<u>re</u> ;	•		
The new name must be distinguishable and end with the words "I"L.L.C."	Limited Liability Comp	any," the designation "l	LLC" or the	e abbrev	/iation
Enter new principal offices address, if applicable:			三里埕	20 <u>f</u> e	
(Principal office address MUST BE A STREET ADDRESS	5)		が開	A	
	<u> </u>		衰弱	<u>G</u>	CONCRETE VALUE
			85 A		SEC.
Enter new mailing address, if applicable:			<u> </u>	<u> </u>	Pro-
(Mailing address MAY BE A POST OFFICE BOX)			18.1 18.1	ö	- Francis
			<u> </u>	<u>\$</u>	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on herc:	our records, enter	the name	of the	: new
Name of New Registered Agent:					
New Registered Office Address:					
	E	nter Florida street ada	tress		
		, Florida			
	City		Zip Co	de	
New Registered Agent's Signature, if changing Registered Ag	ent:				

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 = Managing Member

Title	<u>Name</u>	Address Type of Acti	ion
ST	GERARD A. BERNARD	111 PONCE DE LEON AVENUE	
	·	CLEWISTON, FL 33440 Remo	ove
ST	ELAINE M. WOOD	111 PONCE DE LEON AVENUE	
		CLEWISTON, FL 33440	ove
		L_ Add	
	·	Remo	ova
		AUG AUG ANA SS	*****
		9: STA	OV.
		Remo	ove
		Add	
— —		Remo)ve

D. If amending any other	information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated August 13t	2013
	Stellature of a member or addisorized representative of a member
Kristine	Boy, Attorney-in-Fact
	typed or printed name of signice
	Filing Fee: \$25.00

PILED
2018 AUG IL M 9: 04
2018 AUG IL M 9: 04
2018 AUG IL M 9: 04