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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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SECRETARY OF STATE

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COVER LETTER

| Division of Corporations | | |
|--|--|--|
| SUBJECT: Pine Island Growers, LLC (Name of L | Limited Liability Company) | |
| | | |
| The enclosed Articles of Amendment and fee(s) are so | ubmitted for filing. | |
| Please return all correspondence concerning this matter | er to the following: | |
| K. Scott Carter | | |
| 1-11-10-1 | (Name of Person) | |
| The Law Offices of D | avid M. Leneghan | 2001 HAR 20 PM I2: 38 SECRETARY OF STATE TALLAHASSEE, FLORID |
| | (Firm/Company) | R 20 FTAR HAS |
| 200 Treeworth Blvd | ., Suite 200 | O PH OF SEEL TO |
| | (Address) | 412: |
| Broadview Heights | , Ohio 44147 | RIDA RIDA |
| (City | y/State and Zip Code) | _ <i>,</i> |
| For further information concerning this matter, please | call: | |
| K. Scott Carter | at (440) 653-1246 | |
| (Name of Person) | (Area Code & Daytime Telepho | one Number) |
| Francisco de la Carda Cillanda comunita | | |
| Enclosed is a check for the following amount: \$\sum{1}{2} \$25.00 \text{ Filing Fee} \text{\$\text{Solonormal} \$30.00 \text{ Filing Fee & Certificate of Status}} | Certified Copy Certif (additional copy is enclosed) Certif | 60.00 Filing Fee, ficate of Status & fied Copy tional copy is enclosed) |
| MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 | STREET/COURIER ADI Registration Section Division of Corporations Clifton Building | DRESS: |

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pine Island Growers, LLC

| | (Present Name) (A Florida Limited Liability Company) | | |
|----------|--|--------------|------------|
| | | | |
| FIRST: | The Articles of Organization were filed on document number L06000102324 and assigned | | |
| SECOND: | This amendment is submitted to amend the following: | SECI | 2007 1 |
| | Article IV is amended and restated as follows: | E PER | <u> </u> |
| | The name and address of each Manager or Managing Member is a | s foilow | <u>/s:</u> |
| | Title: MGR | of s | |
| | Nicholas Jarmoszuk | FATE ORID | ; |
| | 21884 Avalon Drive | | |
| | Rocky River, OH 44116 | | |
| | Title: MGR | | |
| | Diane Jarmoszuk | | |
| | 591 Rum Road | | |
| | North Captiva, FL 33945 | | |
| Dated Ma | arch 15, 2007 | | |
| | Signature of a member or authorized representative of a member | | |
| | K. Scott Carter | | |
| | Typed or printed name of signee | | |

Filing Fee: \$25.00