L07000023409

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SECRETARY OF STATE STATE SECRETARY OF CORPORATION

J. BRYAN

MAR 2 1 2008

EXAMINER

COVER LETTER

TO: Registratio Division of	n Section Corporations		
SUBJECT: Pro-N	Mark Sales LLC		
	(Name of Lim	ited Liability Company)	
The enclosed Article	s of Amendment and fee(s) are sub	omitted for filing.	
Please return all corr	espondence concerning this matter	to the following:	
	Mark Lewis		
		(Name of Person)	
	Pro-Mark Sales LLC		
	*	(Firm/Company)	e DIVI
	919 Dogwood Dr.		S HA
		(Address)	R 2
	Delray Beach, Florid	la 33483	OB HAR 20 PH 3: 45
	Deliay Beach, Floric	(City/State and Zip Code)	—— 🛣 တိုး သ 🕏
			. F. C.
For further informati	on concerning this matter, please of	call:	.
Mark Lewis		at (561) 542-6266	
	ame of Person)	(Area Code & Daytime Teleph	one Number)
Enclosed is a check t	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)
Re Di P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Illahassee, FL 32314	STREET/COURIER AD Registration Section Division of Corporations Clifton Building 2661 Executive Center Cir Tallahassee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Pro-Mark Sales LLC ed Liability Company as It now appears on our records,) (A Florida Limited Liability Company) (Name of the Limited The Articles of Organization for this Limited Liability Company were filed on 4/2007 and assigned Florida document number <u>L 07000023409</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: **Bayside Produce Partners LLC** The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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: 919 Dogwood Dr. New Registered Office Address: (Enter Florida street address) Florida 33483 Delray Beach, Florida

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.

(City)

(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 = N	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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D. If amen	ding any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	
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Dated 3/17	/08,	,	ன க
	Mart	ww	
	Signature of a member	or authorized representative of a member	
	Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00