L08000115478

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

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.

(((H08000223455 3)))

H08000223455ABC$

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 : HENDERSON, FRANKLIN, STARNES & HOLT, P.A.
Account Number : 075410002172
Phone : (239)344-1100
Fax Number : (239)344-1200

RECEIVED
08 SEP 25 PM 2:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

BATTISTA FARMS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$25.00

FILED
08 SEP 25 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

M. THOMAS
SEP 26 2008
EXAMINER

FAX AUDIT NO.: H08000223455 3

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

BATTISTA FARMS, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on NOVEMBER 15, 2007 and assigned Florida document number L07000116478.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

_____

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

_____
_____
_____

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

_____
_____
_____

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: _____

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)

FILED
08 SEP 25 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FAX AUDIT NO.: H08000223455 3

FAX AUDIT NO.: H08000223455 3

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	Name	Address	Type of Action
MGR	CORA O. BATTISTA	19490 SOUTH TAMIAMI TRAIL FORT MYERS, FLORIDA 33908	☐ Add ☑ Remove
MGR	LORETA VALONE	19490 SOUTH TAMIAMI TRAIL FORT MYERS, FLORIDA 33908	☑ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

D. If amending any other information, enter change(s) here: ***(Attach additional sheets, if necessary.)***

Dated SEPTEMBER, 2008.

Cora O. Battista
Signature of a member or authorized representative of a member

CORA O. BATTISTA, MEMBER
Typed or printed name of signer

FILED
08 SEP 25 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: $25.00

FAX AUDIT NO.: H08000223455 3