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(Re	equestor's Name)	
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Certified Copies	_ Certificates	of Status
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COVER LETTER

*TO: Registration Se Division of Cor			
SURIECT: Just Us	Farms Plants and C	Ornamentals LLC	
Sebuter		ited Liability Company)	, <u> </u>
	•		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Terrance W. Malloy Sr.		
		(Name of Person)	
	Just Us Farms Plants an	d Ornamentals LLC	
		(Firm/Company)	
	15 Graham Dairy Road		
		(Address)	
	Venus, FL 33960		
		(City/State and Zip Code)	
For further information o	anageming this matter please a	o H·	
For further information c	oncerning this matter, please c	aii.	
Karen Mailoy		at (863) 699-6211	
(Name o	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for the	_		_
□ \$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)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Just Us Farms Plants and Ornamentals LLC				
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on oubility Company)	<u>ur records.</u>)		
The Articles of Organization for this Limited Liability Company vi Florida document number <u>L07000122147</u> .	vere filed on December	r 10, 2007	and assig	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabili	ity company here:			
Just Us Farms LLC				
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company," th	e designation "I	LLC" or the ab	breviation
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 registered agent and/or the new registered office address here: Name of New Registered Agent:		cords, enter 1	the name of	the new
New Registered Office Address:			OSET ALL	
	(Enter Fl	lorida street ad . Florida	dress) Ef	77
•	(City)	, 1101104	Zip Gode	
New Registered Agent's Signature, if changing Registered Agent:			H 4: 3	Ü
I hereby accept the appointment as registered agent and agree	e to act in this capacit	y. I further ag		ly with

(If Changing Registered Agent, Signature of New Registered Agent)

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 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

	<u>Name</u>	Address	Type of Actio
	 		Add Remove
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			Add Remove
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_			Add Remove
			Add Remove
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mend	ing any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	08 SE
mend		ge(s) here: (Attach additional sheets, if necessary.)	

Page 2 of 2

Filing Fee: \$25.00