

LD8000003003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

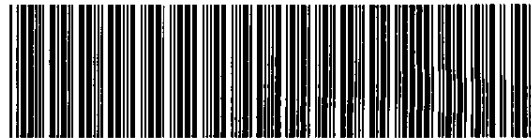
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: J. L. ROGERS FAMILY, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL J. GARAVAGLIA
Name of Person

COLLINS, BROWN, CALDWELL, ET AL
Firm/Company

756 BEACHLAND BOULEVARD
Address

VERO BEACH, FL 32963
City/State and Zip Code

mgaravaglia@packerscitrus.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jean Roop, Asst. to M. Garavaglia at (**772**) **231-4343**
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check 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)

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

Mailed 10/19/11

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
11 OCT 21 PM 12:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. L. Rogers Family, 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 January 9, 2008 and assigned
Florida document number L08000003003.

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 "LLC" 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

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:

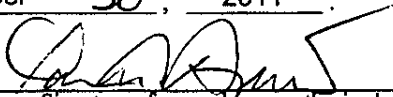
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	James L. Rogers, III	200 Coconut Palm Road Vero Beach, FL 32963	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
P/MGR	James L. Rogers, III	200 Coconut Palm Road Vero Beach, FL 32963	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Michael Garavaglia	P. O. Box 12969 Fort Pierce, FL 34979-2969	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Elizabeth Garavaglia	P. O. Box 12969 Fort Pierce, FL 34979-2969	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Sue Johnson	7380 Wildercliff Drive Atlanta, GA 30328	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Bill Grable	7380 Wildercliff Drive Atlanta, GA 30328	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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

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 11 OCT 21 PM 12:28
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated September 30, 2011



 Signature of a member or authorized representative of a member
James L. Rogers III

 Typed or printed name of signee