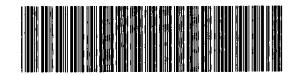
# 108000020111

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
|   |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
| , ,                                     |
| (Document Number)                       |
| (200,                                   |
| Certified Copies Certificates of Status |
| Columbia Copies                         |
|   |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |
|   |
|   |
|   |
|   |

Office Use Only



000209115900

06/24/11--01011--008 \*\*25.00

SECRETARY OF STATE

The second

T. CLINE

JUN 2 7 2011

**EXAMINER** 

# **COVER LETTER**

| TO: Registration Section Division of Corporations  |               |
|--|---------------|
| SUBJECT: SURE BET FARMS 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:  |               |
| STANLEY G. LEONARD   |               |
| SUREBET FARMS LLC Firm/Company   |               |
| 12800 LEONARD PARKWAY  |               |
| NORTH JACKSON OH 44451  City/State and Zip Code  |               |
| meonard@leonardtrailers.com E-mail address: (to be used for future annual report notification)   |               |
| The second secon |               |
| For further information concerning this matter, please call:  STANLEY G. LEONARD 330 565-2127 APR STAN | West position |
| Enclosed is a check for the following amount:  |               |
| \$25.00 Filing Fee \$\ \text{S55.00 Filing Fee & S60.00 Filing Fee;} \\ \text{Certificate of Status} \\ \text{Certified Copy (additional copy is enclosed)} \\ Certified Cop     |               |

### 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

| SURE BET FA  |   | <u> </u>        |                    |
|--|---|-----------------|--------------------|
| (Name of the Limited Liability Compa<br>(A Florida Limited L   | ny as it now appears on our records.) iability Company) |                 |                    |
| The Articles of Organization for this Limited Liability Company Florida document number                                  | were filed on $2-26-20$                                 | <u>08</u> and a | ssigned            |
| This amendment is submitted to amend the following:  | ·   |                 |                    |
| A. If amending name, enter the new name of the limited liab  | ility company here:                                     |                 |                    |
|  |   |                 |                    |
| The new name must be distinguishable and end with the words "Limi "L.L.C."   | ted Liability Company," the designation                 | "LLC" or the    | abbreviation       |
| Enter new principal offices address, if applicable:  | 12800 LEON,   | ARY 1           | ARKWA              |
| (Principal office address MUST BE A STREET ADDRESS)  | NORTH JACK:   | 50N, C          | <u>Dh</u><br>44451 |
|  | 50.00 =   |                 |                    |
| Enter new mailing address, if applicable:  | SAME  |                 |                    |
| (Mailing address MAY BE A POST OFFICE BOX)   |   |                 | <u></u> _          |
| B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here |   | r the name      | of the new         |
| Name of New Registered Agent:  |   | HASSEE          | The Employ         |
| New Registered Office Address:   |   |                 |                    |
|  | Enter Florida street a                                  | iddress 5       | S B.               |
|  | , Florida   | 9r; &           | <del></del>        |
|  | City  | Zip Cod         | ге                 |

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 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 <u>Address</u> **Type of Action** ROBERT L VERNON 198 | MASAR STANLEY G. LEONARD 12800L M6RM ☐ Add Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) if 2011 Stonley S. Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00