

(Requestor's Name)	
(Address)	
(Address)	_
(City/State/Zip/Phone #)	
<u> </u>	
PICK-UP WAIT MAIL	
(Business Entity Name)	
•	
(Document Number)	
•	
Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	
<u>.</u>	

G. MCLEOD

JUN 0 4 2010

EXAMINER



100181610581

06/03/10--01022--005 **25.00

COVER LETTER

TO: Registration S Division of Co			•	
SUBJECT:	Rio Verde	e Ventures, LLC		
	Name of Limi	ted Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
official and a second to the parties of the second	Bagamana erera de espacableres política de elementos de e	David A. Miller	nine i di di made salità i i i il industriari i i i indicassi anticci di i i i i i i i i i i i i i i i i	
		Name of Person		
	Ric	Verde Ventures, LLC		
		Firm/Company		
	2	1299 US Highway 27		
		Address	-	
	L;	ake Wales, FL 33859		
•	_	City/State and Zip Code		
	E-mail address: (avid@LattMaxcy.com to be used for future annual repo	ort notification)	
For further information	concerning this matter, please o	all:		
	David Miller	at (863)	679-6700	
Name of Person			Daytime Telephone Number	
. Purkanakka a akada Can	uh a Callaggia a amaganta			
Enclosed is a check for \$25.00 Filing Fee	\$30.00 Filing Fee &	\$55.00 Filing Fee &	\$60.00 Filing Fee,	
	Certificate of Status	Certified Copy (additional copy is en	Certificate of Status & nclosed) Certified Copy (additional copy is enclosed)	
МАП	LING ADDRESS:	STREET/O	COURIER ADDRESS:	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327		Clifton Building		

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rio Verde Ven (<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	tures, LLC	s on our records.)				
The Articles of Organization for this Limited Liability Company w Florida document number			and ass	igned		
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liabili	ty company here	2:				
The new name must be distinguishable and end with the words "Limite "L.L.C." Enter new principal offices address, if applicable:	d Liability Compar	ny," the designation "Ll	.C" or the a	bbreviation		
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			AM 8:	The state of the s		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on o	ur records, <u>enter th</u>	e name o	f the new		
Name of New Registered Agent:						
New Registered Office Address:	Fnt	er Florida street addre	200			
•	City	, Florida	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 **Title** <u>Name</u> **Address** Type of Action **MGRM Great Harvest Corporation** 21299 US Highway 27 ☐ Add Lake Wales, FL 33859 ∇ Remove Add ☐ Remove ☐ Add Remove Add Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) June 2 2010 Dated_ Signature of a member or authorized representative of a member Clayton G. Wilson Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00