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SECRETARY OF STATE HS
DIVISION OF CORPORATIONS
08 AUG 15 PH 12: 33

J. BRYAN

AUG 1 8 2008

**EXAMINER** 

## **COVER LETTER**

Division of Corp	porations					
SUBJECT: GROOVE	R-PARRISH AGRICUL (Name of Limi	FURAL, LLC ted Liability Company)	<b>_</b>			
The enclosed Articles of A	Amendment and fee(s) are sub	nitted for filing.				
Please return all correspon	ndence concerning this matter	to the following:				
	Daniel W. West	(Name of Person)				
		(Name of Person)				
	GROOVER-PARRISH	AGRICULTURAL, LLC (Firm/Company)	ON VISION			
	2201 6th St W		AUG HEFF			
		(Address)				
	Palmetto, FL 34221	(City/State and Zip Code)	OS AUG 15 PM 12: 93			
For further information concerning this matter, please call:						
Daniel W. West		at ( 941 ) 722-3698				
	of Person)	(Area Code & Daytime T	elephone Number)			
Enclosed is a check for th  ☑ \$25.00 Filing Fee	ne following amount: □\$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:

TO:

**Registration Section** 

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



GROOVER-PARRISH AGRICULTURAL, 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 Compa	any were filed on <u>04/16/200</u> 8	and assigned	
Florida document number <u>I 08000038122</u> .			
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 "L" "L.L.C."	limited Liability Company," the	designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	0		
T			
Enter new mailing address, if applicable:	<del></del>		
(Mailing address MAY BE A POST OFFICE BOX)			
	<del></del>		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	office address on our rec	ords, enter the name of the new	
registered agent and/or the new registered office address	nere:		
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 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>	Type	of Action
MGR	Daniel W. West	2201 6th St W Palmetto, FL 34221	∎☑ Ad ■□ Re	d move
MGR	Caroline R. Hoffner		∎  Ad ■ Re	d move
·····			<b>_</b> Ad Re	ld move
			Ad Re	ld move
			Ad Re	d move
		-	Ad Re	d move
D. If amendin	ng any other information, enter cha	nge(s) here: (Attach additional sheets, if necessary.)	_	į,
			08 AUG 15	∹∹∺
Dated August	12 , 200	08	PM 12: 38	ORPORATIONS
-	Patricia G. Dodson, M	Anager/Member		

Page 2 of 2

Filing Fee: \$25.00