

L080000090664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

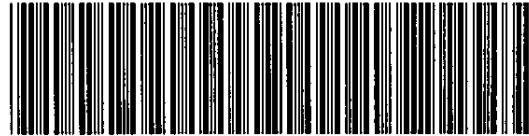
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FILED  
14 MAY -5 PM 3:07  
TALLAHASSEE, FLORIDA

MAY 12 2014

T. BROWN

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 40 Acres and a Mule

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:

William St. Laurent

Name of Person

Colonial Farms, LLC

Firm/Company

375 Commerce Way, Suite 101

Address

Longwood, FL 32750

City/State and Zip Code

willmia@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William St. Laurent

Name of Person

at (407) 834-5500

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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

40 Acres and a Mule, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
14 MAY -5 PM 3:07  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on September 24, 2008 and assigned  
Florida document number L08000090664

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Colonial Farms, LLC

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)

375 Commerce Way

Suite 101

Longwood, FL 32750

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 520090

Longwood, FL 32752-0090

**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:

William St. Laurent

New Registered Office Address:

375 Commerce Way, Suite 101

*Enter Florida street address*

Longwood, FL

*City*

, Florida 32750

*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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	St. Laurent Properties, LLC	375 Commerce Way	<input checked="" type="checkbox"/> Add
		Suite 101	<input type="checkbox"/> Remove
		Longwood, FL 32750	
MGR	Greenwise Mulching & Recycling, LLC	16877 E. Colonial Drive	<input type="checkbox"/> Add
		#322	<input checked="" type="checkbox"/> Remove
		Orlando, FL 32820	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

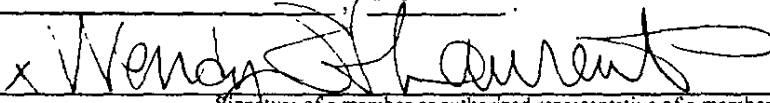
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

None

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 25 2014

x 

Signature of a member or authorized representative of a member

Wendy St. Laurent, Managing Member of St. Laurent Properties, LLC, the Manager of the Member Colonial South Acres, LLC

Typed or printed name of signee