

Florida Department of State Division of Corporations Public Access System

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(((H08000271767 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : BLALOCK, WALTERS, HELD & JOHNSON, P.A.

Account Number : 076666003611 : (941)748-0100 Phone

: (941)745-2093 Fax Number

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

RICE LOGISTICS, LLC

1

| Certificate of Status | 1 |
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DEC12 2008

12/11/2008 EXAMINER

Fax Audit # (((H08000271767 3)))

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

| RICE LOGISTICS, LLC | | |
|---|--|--|
| (Name of the Limited Liability Co (A Florida Lim | ompany as it now appears on our records. nited Liability Company) | |
| The Articles of Organization for this Limited Liability Com | npany were filed on 11/03/2008 | and assigned |
| Florida document number L08000102846 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited | d liability company here: | |
| PRO CUTTER SUPPLY, LLC | | |
| The new name must be distinguishable and end with the words "L.L.C." | "Limited Liability Company," the designation | on "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | <u> </u> | SEC |
| (Principal office address MUST BE A STREET ADDRES | <u>SS)</u> | |
| | | Profession Committee |
| Enter new mailing address, if applicable: | | |
| (Moiling address MAY BE A POST OFFICE BOX) | | And the second s |
| DAMINIS CHAILESS MAT BEATOST OFFICE BOX) | | × × |
| B. If amending the registered agent and/or registered registered ugent and/or the new registered office address | ed office address on our records, ent | er the name of the new |
| registered agent and/or the new registered office address | <u>a ucre</u> : | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | (Enter Florida street | (Address) |
| | , Florida | |
| Non-Parister I.A. (I.C.) | (City) | (Zip Code) |
| New Registered Agent's Signature, if changing Registered A | genti | |

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)

Page 1 of 2

| 12/11/08 | 10:48 | FAX | 941 | 745 | 2093 |
|----------|-------|-----|-----|-----|------|
| | | | | | |

BLALOCK, WALTERS

@ 003/003

Fax, Audit # (((H08000271767 3)))

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:

| | Name | Address | Type of Actio |
|----------------|--|---|---------------|
| | | | |
| | | | Add |
| - - | | | Accordance |
| _ | | | Add |
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| mend | ling any other information, enter chan | ge(s) here: (Attach additional sheets, if neces | |
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| | ecember 11, 200 | | |

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