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D. BRUCE
AUG 1 9 2011
EXAMINER

## **COVER LETTER**

TO: Registration S  Division of Co					
SUBJECT:	LANTER FA	rus, ilc			
	Name of Lim	ited Liability Company			
•					
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	pondence concerning this matte	er to the following:			
	Ja	chie Roether			
	Ĺ	Name of Person  Lanier Farms, LL	L		
		Firm/Company			
	7084 FKIA	125 PD #221			
		Address			
	SAN DISC	0 CA 92108		$\mathbf{Z}_{\infty}$	
	<u>lanier hol</u>	City/State and Zip Code  dings @ gmail . Co  (to be used for future annual report notifical	<u>'~</u>	ECRET	
	E-mail address:	(to be used for Tuturs annual report notifical	tion)	18 ARY ISSE	( Continues of
For further information	concerning this matter, please	call:			in
		at (		107- 11S	J
Name	e of Person	Area Code & Daytime T	elephone Number	3I,	
Englosed 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)	Certified C	of Status &	d)

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

LAN	NIER FARMS, LLC		
( <u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears of da Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liabilit Florida document number	y Company were filed on	02/06/09 and assigned	
This amendment is submitted to amend the following	S.		
A. If amending name, enter the new name of the	limited liability company here:		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company	"the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		IT AUG 18 AM IN	
B. If amending the registered agent and/or re- registered agent and/or the new registered office a			
Name of New Registered Agent:			
New Registered Office Address:	Entor	Florida street address	
	Emer Pioriau Street address		
· <u>-</u>		, 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 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 <u>Title</u> <u>Name</u> **Address Type of Action** Add ☐ Remove Add ☐ Remove ☐ Add Remove Add Remove □Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

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Filing Fee: \$25.00