# A1a Inforpolation Service 1000 130567828/11 733

# Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000090927 3)))



H0900000909273ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Civision of Corporations

Fax Number : (E50)617-6383

From:

Account Name : CSH SERVICES, LLC

Account Number : I20070000160 Phone : (800)494-3124

Fax Number : (561) 455-9885

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

ORLANDO AFFORDABLE BIO-FEED STOCK, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

A. LUNT

APR 1 7 2009

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

H090000909273

p.2

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

### ORLANDO AFFORDABLE BIO-FEED STOCK, LLC

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

New Registered Office Address:	(Enter Florida	street address)
^		
Name of New Registered Agent:	·	
B. If amending the registered agent and/or registered agent and/or the new registered offi		, <u>enter the name of the new</u>
(Mailing address MAY BE A POST OFFICE B	<u></u>	
Enter new mailing address, if applicable:		<del> </del>
•		
(Principal office address MUST BE A STREET		
Enter new principal offices address, if applical	ble:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the desi	gnation "LLC" of the aboreviation
A. If amending name, enter the new name of		AH II O OF STAT E. FLORI
	-	
This amendment is submitted to amend the follow	ning.	TAR)
Prortua document number		APR CRE LAH
Florida document number L09000017232		A Mild as med

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)

	naging Member		
<u>Title</u>	Name	Address	Type of Action
MGRM	CHARLYNE HOLCOMB	14429 PARKER RD ORLANDO FL 32832	Add Remove
			A A A A A A A A A A A A A A A A A A A
			APR ABOVE TO THE PROPERTY OF T
			FLO SI Addr SI Addr SI Re <b>G</b> ve
			Add Remove
D. Ifamendiz <sub>i</sub>	g any other information, enter cl	nunge(s) here: (Attach additional sheets	; if necessary.)
<u>.</u>			

GINA RACHAEL BUFFINGTON
Typed or printed name of signee