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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 23 2016

S MASON

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Citrus Barrel LLC

\_\_\_\_\_  
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:

John Roberts

\_\_\_\_\_  
Name of Person

Citrus Barrel LLC

\_\_\_\_\_  
Firm/Company

P.O. Box 1311

\_\_\_\_\_  
Address

Mango, FL 33594

\_\_\_\_\_  
City/State and Zip Code

johnroberts223@yahoo.com

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

For further information concerning this matter, please call:

John Roberts

813 494-6751  
at ( )

\_\_\_\_\_  
Name of Person

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

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TALLAHASSEE, FLORIDA

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of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>                      |
|--------------|-----------------------------------|-----------------------|--------------------------------------------|
| AMBR         | Robert S. Congdon Harvesting Inc. | 3400 Pryor Road       | <input type="checkbox"/> Add               |
|              |                                   | Haines City, FL 33844 | <input checked="" type="checkbox"/> Remove |
|              |                                   |                       | <input type="checkbox"/> Change            |
| AMBR         | Robert S. Congdon                 | 4655 E.Hinson Avenue  | <input checked="" type="checkbox"/> Add    |
|              |                                   | Haines City, FL 33844 | <input type="checkbox"/> Remove            |
|              |                                   |                       | <input type="checkbox"/> Change            |
|              |                                   |                       | <input type="checkbox"/> Add               |
|              |                                   |                       | <input type="checkbox"/> Remove            |
|              |                                   |                       | <input type="checkbox"/> Change            |
|              |                                   |                       | <input type="checkbox"/> Add               |
|              |                                   |                       | <input type="checkbox"/> Remove            |
|              |                                   |                       | <input type="checkbox"/> Change            |
|              |                                   |                       | <input type="checkbox"/> Add               |
|              |                                   |                       | <input type="checkbox"/> Remove            |
|              |                                   |                       | <input type="checkbox"/> Change            |
|              |                                   |                       | <input type="checkbox"/> Add               |
|              |                                   |                       | <input type="checkbox"/> Remove            |
|              |                                   |                       | <input type="checkbox"/> Change            |
|              |                                   |                       | <input type="checkbox"/> Add               |
|              |                                   |                       | <input type="checkbox"/> Remove            |
|              |                                   |                       | <input type="checkbox"/> Change            |
|              |                                   |                       | <input type="checkbox"/> Add               |
|              |                                   |                       | <input type="checkbox"/> Remove            |
|              |                                   |                       | <input type="checkbox"/> Change            |

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

**E. Effective date, if other than the date of filing:** 08/03/2009 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated February 18, 2016

  
Signature of a member of

Signature of a member or authorized representative of a member

Robert S. Congdon

Typed or printed name of signee

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CLERK OF DISTRICT COURT  
JANUARY 1, 1900  
TALLAHASSEE, FLORIDA