L09000/083/8

(Re	equestor's Name)					
(Ac	ldress)					
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(Ci	ty/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Bu	usiness Entity Nar	ne)				
(Do	ocument Number)					
Certified Copies	Certificates of Status					
Special Instructions to	Filing Officer:					

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FYARMENTED

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SOUTH LAND CITRUS 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:
KEVIN K. SpoonER
SOUTHLAND CITRUS, LLC Firm/Company
P.O. Box 690146
VERO BEACH FLORIDA 32969-0146 City/State and Zip Code
SOUTHLANDCI+RUS @Comc AS+. NET E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person (912) 659-0033 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
Certificate of Status Certificate of Status & Certificate

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

Southland Citrus, LLC.

406 34th Court, S.W. Vero Beach, Florida 32968 Office (772) 567-5286 Fax (772) 778-9781 Sales (912) 659-0033

July 26, 2011

Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

To Whom It May Concern:

Attached are Articles of Amendment for Southland Citrus, LLC and check in the amount of \$60.00 for the applicable fees. My daytime phone number is 772-567-5286 or 912-569-0033 and address is 406 34th Court SW, Vero Beach, Florida 32968.

Thank you,

Kevin K. Spanner

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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- OUTHLE	AND LITE	US, LLC			-
(Name of the Limited (A	<u>Liability Company</u> Florida Limited Lia	as it now appears of bility Company)	n our record	<u>s.</u>)	
· ·		/			
The Articles of Organization for this Limited Li	ability Company w	vere filed on Nover	mbel 9,	2009 and	assigned
Florida document number <u>L 09 000 108</u>	<u> 318</u> .		·	·	
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liabili	ty company here:			
The new name must be distinguishable and end with "L.L.C."	the words "Limited	d Liability Company,'	" the designat	tion "LLC" or th	ne abbreviation
Enter new principal offices address, if applica	ıble:	 			
(Principal office address MUST BE A STREET	(ADDRESS)				
Enter new mailing address, if applicable:					
	PAN				
(Mailing address MAY BE A POST OFFICE I	OA)				
					
B. If amending the registered agent and/o registered agent and/or the new registered off		e address on our	records, <u>er</u>	iter the name	of the new
Name of New Registered Agent:	KEVIN +	C. Spooner	2		
New Registered Office Address:	406 3	4th COURT	SW	·	
	VERO E	\supset	Florida stree , Florid		3
	(City	, _ 10.10	Zip Co	ode
New Registered Agent's Signature, if changing Re	egistered 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager

MGRM = Managing Member **Address Type of Action** KEVIN K. Spooner ☐ Add ☐ Remove Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) athorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00