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## **COVER LETTER**

	gistration Servision of Corp					
SUBJECT:	VitAg Flori	da LLC				
SOBJECT.		Name of Lim	ited Liability Company			
		Amendment and fee(s) are sub	-			
	· · · · · · · · · · · · · · · · · · ·	Evin L. Netzer				
	Name of Person					
	Anuvia Plant Nutrients Corporation					
			Firm/Company			
		201 W. Christina Blvd., Su	201 W. Christina Blvd., Suite 3			
			Address	·		
		Lakeland, FL 33813				
			City/State and Zip Code		ा ज	
		enetzer@agro-iron.com				per proper mile
For further is	nformation co	E-mail address: ( oncerning this matter, please co	to be used for future annual report notification	on)	116 27	FILED
Evin L. Net	zer, Esq.		863 648-9555		2	
	Name of	Person		ephone Number	्रांत ध	
Enclosed is	a check for th	e following amount:				
□ \$25.00 H	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	e of Status &	

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

VitAg Florida LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	14 <del>824 (1811   1</del>
The Articles of Organization for this Limited Liability Compa	any were filed on November 30, 2009	and assigned
Florida document number L09000114174		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited l</u>	iability company here:	
Anuvia Florida LLC		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	)	
		-1: ? <b>3</b>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		5 1
		in in
		골민
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ter the name of the no
		•
Name of New Registered Agent:		<del></del>
New Registered Office Address:		
	Enter Florida street address	
	, 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 605, 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 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> **Type of Action** □ Add ☐ Remove ☐ Change □ Add □ Remove \_□ Change □ Add ال □ Change \_□ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove

☐ Change

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Effective date, if other than t	he date of filing:		(optiona	n.	
If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	must be specific and cannot be particular to be appropriately and the specific and cannot be particular to the specific	prior to date of filing or moplicable statutory filin	ore than 90 days after filin	g.) Pursuant to (	605.0207 isted as
he record specifies a delay The 90th day after the r		: not an effective t	time, at 12:01 a.m	. on the ea	
Doted August 26	2015			a ag	
Dated	;		<del></del>	<u> </u>	7 [
	The state of the s				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00