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10 MAR 10 PM 12: 48
SECRETARY OF STATE
FALL AHASSEE FLORIDA

MAR 1 1 2010

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Lemon Industries, 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:
Christine Lemon Name of Person
Christine Lemon Name of Person Captain's Cove Firm/Company
12262 Shady Spring Way
Orlando, FL 32828 City/State and Zip Code
Captains Cote Ochef. net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Christine Lemon at (401) 491-0882 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ S55.00 Filing Fee \$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ Certified Copy \\ \text{(additional copy is enclosed)}\$\$ Certified Copy \\ \text{(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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

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SECRETARY OF STATE

Lemon Indust	ries, LLC	TALLAHASS.	EE, FLORIDA
(<u>Name of the Limited</u> (A	Liability Company as it now appea Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Li Florida document number 110000 2219		126/2010	and assigned
Florida document number100000 2217	<u>o </u>		
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liability company he	ere:	
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability Comp	pany," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	T ADDRESS)	222-22	
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and/or the new registered of		our records, enter	the name of the new
Name of New Registered Agent:	Christine Lemon		
New Registered Office Address:	12260 Shady Sp	inter Florida street ad	dress
		, Florida	<u> </u>
	City		elp 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

^olf 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 Title Title <u>Name</u> Type of Action **Address** MGRM Kenneth R Lemon 12260 Shady Spana Way MGRM Christine N. Lemon ☐ Add ☐ Remove ☐ Add Remove □Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessar Dated March · 2010 . Signature of a member or authorized representative of a member Lenon
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00