

May 17 00 09:58a

Alfa Inc. Corporation

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L10000039073

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

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Account Name : CSH SERVICES, LLC
Account Number : 120076000160
Phone : (800) 494-3124
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

MJ HARVESTING & HAULING, LLC

Certificate of Status	0
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

T. HAMPTON

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MAY 18 2010 p

EXAMINER

10000117688 3

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MJ HARVESTING & HAULING, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 04/06/2010 and assigned
Florida document number L1000037073.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

8064 STATE RD 64 E

(Principal office address MUST BE A STREET ADDRESS)

ZOLFO SPRINGS FL 33890

Enter new mailing address, if applicable:

8064 STATE RD 64 E

(Mailing address MAY BE A POST OFFICE BOX)

ZOLFO SPRINGS FL 33890

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

MARIO WILSON

New Registered Office Address:

8064 STATE RD 64 E

(Enter Florida street address)

ZOLFO SPRINGS

Florida 33980

(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 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

71-10000117688-3

MGR = Manager

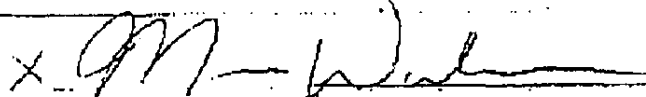
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	MARANGELINE C RIVERA	8064 STATE RD 64 E ZOLFO SPRINGS, FL 33890	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated MAY 17th

2010

x 

MARIO WILSON

Typed or printed name of signer

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
MAY 17 AM 8:10