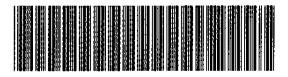
## 10000053193

| (Requestor's Name)                      |  |  |
|---|--|--|
| (Address)                               |  |  |
| (Address)                               |  |  |
| (City/State/Zip/Phone #)                |  |  |
| PICK-UP WAIT MAIL                       |  |  |
| (Business Entity Name)                  |  |  |
| (Document Number)                       |  |  |
| Certified Copies Certificates of Status |  |  |
| Special Instructions to Filing Officer: |  |  |
|   |  |  |
|   |  |  |
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|   |  |  |

Office Use Only



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SECRETARY OF STATE
SHAPP STATE
SECRETARY OF STATE

J. BRYAN

AUG 25 2011

**EXAMINER** 

## **COVER LETTER**

| TO: Registration Section Division of Corporations  |   |    |
|--|---|----|
| SUBJECT: ABC Organic<br>Name of Limite   | d Liability Company   |    |
| Dear Sir or Madam:   |   |    |
| The enclosed Registered Agent/Registered Office  | Change and fee(s) are submitted for filing.   |    |
| Please return all correspondence concerning this m   | natter to the following:  |    |
| Cesar M Morara   | <del></del>   |    |
| Name of Person  Firm/Company   |   |    |
| 501 NW 15# Av. #13   | SECRETAL AHA  | n  |
| GAives Ville FL - 326 City/State and Zip Code  | S ANIO: 53<br>RY OF STATE<br>SSEE: FLORIF   | てこ |
| E-mail address: (to be used for future annual report notification  | on)   |    |
| For further information concerning this matter, ple  | ase call:   |    |
| Cesar M More va at (   | 741 815 3500 Area Code & Daytime Telephone Number   |    |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |    |
| Enclosed is a check for the following amo  | ount:   |    |
| \$25 Filing Fee  | \$55 Filing Fee & Certified Copy  |    |

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

| agent, or both, in the state of Piortag.   |  |
|--|--|
| 1. Name of the limited liability company:  | . Organics, LLC  |
| 2. (a) Principal office address of limited liability compar  | 1y: 9917 SW 77 CT  |
| (Note: MUST BE STREET ADDRESS)   | Gaines ville, FL .32608<br>Alachia County  |
| (b) Mailing address of limited liability company:  | 210 174th street, 517  |
| (Note: MAY BE POST OFFICE BOX)   | Summy Islas Beach, FL 33160<br>Mraudi - Dade country   |
| 5/16/2010  | L1 00000 53193   |
| 3. Date of filing/registration in Florida  | 4. Document number   |
| 5. (a) Registered Agent and Registered Office shown or   | the records of the Florida Dept. of State:   |
| Registered Agent:  | Armella, Marcos  |
| Registered Office Address:   | gg 17 Sw 77 cT<br>Ganesulle, FL 32608<br>Dlachra Courty  |
| (b) Enter name of <b>NEW Registered Agent</b> and/or <b>NE</b>   | CW Registered Office address:  |
| NEW Registered Agent:  | Cesar M Moreira  |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)  | 210 174th street, 517<br>Sumy Isles Beach, #2 33160<br>Microsophe County, FL 33160   |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be ider liability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company or the operating agreement of the limited liability company or as other or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member of the provisions of all statutes relative to the proposition of the provisions of all statutes relative to the proposition of the provisions of the obligations of my processes. I hereby confirm that the limited liability company of the provisions of the provisions of the obligations of the provisions of the provisions of the obligations of the provisions of the provisions of the obligations of the provisions of the obligations of the provisions of the provisions of the obligations of the provisions of the provisions of the obligations of the provisions of the provisi | Florida street address of the registered office atical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization by. |

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00