1100000 73470

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2012 JUL 13 PM 1: 26
SECRETARY OF STATE

J. BRYAN

JUL 1 5 2012

EXAMINER

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Z2F CITRU	S & CATTLE, LLC	
		ted Liability Company	
	Amendment and fee(s) are sub	-	TALL AND STATE OF STA
		James P. Fenton Name of Person	- SEE PLONE
		Address	
	Fic	oral City, Florida 34436 City/State and Zip Code	
	jfen	ton@helmholdings.com	
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report notificeall:	cation)
	mes P. Fenton	at \	934-1705
Name	of Person	Area Code & Daytime	e Telephone Number
Enclosed is a check for ☐ \$25.00 Filing Fee	the following amount: \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COURI Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 32	n ations nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Z2F CITRUS & CATTLE, 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 July 13, 2010 and assigned Florida document number L0000073470					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability company here:					
FENCO FARMS, LLC					
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LCC" or the abbreviation "L.L.C."					
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)					
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered office address on our records, enter the name of the ne registered agent and/or the new registered office address here:					
Name of New Registered Agent:					
New Registered Office Address:					
Enter Florida street address					
, Florida					
City Zin 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:

MGR = Ma MGRM = N	nager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
<u></u>			D D ave avea
			Remove
			□ D amanua
			Remove
D. If amen	ding any other information,	enter change(s) here: (Attach additional she	eets, if necessary.)
_ _			BECRETAR SECRETAR
Dated	June 22		13 PH 1: 26
	Signatur	James P. Fenton	nember
		Typed or printed name of signee	- · · -

Page 2 of 2

Filing Fee: \$25.00