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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
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Special Instructions to	Filing Officer:	
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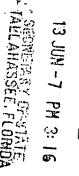
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 3 WOULD LC 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:
Tracy Coveenwell Name of Person
31 Produce kld Firm/Company
18500 St Rd 31 Address
ALUA FI 33920 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TVACU COPENSON at (239) 707-1119 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (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

31 Pro	Juce LLC		
(Name of the Limited (A	Liability Company as i Florida Limited Liabilit	it now appears on our records y Company)	D TO TO TO
The Articles of Organization for this Limited Lia	ability Company were	filed on 8 17 2010	and assigned
Florida document number <u>LLXXXXX863</u>	<u>102</u> .		
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liability c	ompany here:	
The new name must be distinguishable and end with L.L.C."	h the words "Limited Lis	ability Company," the designat	ion "LLC" or the abbreviation
Enter new principal offices address, if applica	able:		
Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE I	<u> </u>		
B. If amending the registered agent and/oregistered agent and/or the new registered of	-	ddress on our records, en	nter the name of the new
Name of New Registered Agent:	Paige	Greenwell	
New Registered Office Address:	18500 5	SH Rd 3 Enter Florida stree	et address
	A) IIA		10 329M

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Saur-Levy	Paige Greenwill	1850US+Rd31	Add
,		18500 St Rd 31 ALUA FI 33920	Remove
			_ _
		, ,, , , , , , , , , , , , , , , , , ,	Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove

f amending	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	ì
N00:	21
Mae	<u>431</u> , <u>2013</u> .
	Drace Sheenevel
	Signature of a member or authorized representative of a member
	Tracy Greenwell
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00