

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : MASTERS, SMITH & WISEY, P.A.
Account Number : 110516003447
Phone : (904) 396-2202
Fax Number : (904) 399-1315

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TWIN CREEK OLIVE FARM LLC

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
NOV -6 2013

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Corporate Filing Menu

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Twin Creek Olive Farm 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:

Jeffrey M. Jacobs, CPA

Name of Person

Masters, Smith & Wisby P.A.

Firm/Company

5210 Belfort Parkway, Ste 225

Address

Jacksonville, FL 32256

City/State and Zip Code

kjaxon@att.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeffrey M. Jacobs

Name of Person

at (904) 396-2202

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$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/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
13 NOV -5 PM 12:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Twin Creek Olive Farm 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 08/18/10 and assigned
Florida document number L10000087096

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:

(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 new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Katherine Jaxon

New Registered Office Address:

695 Fruit Cove Rd

Enter Florida street address

Jacksonville
City

Florida

32259
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.

Katherine Jaxon
If Changing Registered Agent, Signature of New Registered Agent

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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>	<u>Address</u>	<u>Type of Action</u>
<u>MGRM</u>	<u>Jaxon, Kelly J</u>	<u>695 Fruit Cove Road</u>	<input type="checkbox"/> Add
		<u>Saint Johns, FL 32259</u>	<input checked="" type="checkbox"/> Remove
<u>MGMR</u>	<u>Inman, Jr., Robin A</u>	<u>7726 Cayman Road</u>	<input type="checkbox"/> Add
		<u>Saint Johns, FL 32216</u>	<input checked="" type="checkbox"/> Remove
<u>MGMR</u>	<u>Ritter, Michael J III</u>	<u>870 Marina Drive, Unit C</u>	<input type="checkbox"/> Add
		<u>Slidell, LA 70458</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>Jaxon, Kelly J</u>	<u>695 Fruit Cove Road</u>	<input checked="" type="checkbox"/> Add
		<u>Saint Johns, FL 32259</u>	<input type="checkbox"/> Remove
<u>MGR</u>	<u>Inman, Jr., Robin A</u>	<u>7726 Cayman Road</u>	<input checked="" type="checkbox"/> Add
		<u>Saint Johns, FL 32216</u>	<input type="checkbox"/> Remove
<u>MGR</u>	<u>Ritter, Michael J III</u>	<u>870 Marina Drive, Unit C</u>	<input checked="" type="checkbox"/> Add
		<u>Slidell, LA 70458</u>	<input type="checkbox"/> Remove

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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>	<u>Address</u>	<u>Type of Action</u>
MGMR	Jaxon, Katherine L.	695 Fruit Cove Road	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32259	<input type="checkbox"/> Remove
MGMR	Inman, Gina P.	7726 Cayman Road	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32216	<input type="checkbox"/> Remove
MGMR	Ritter, Mary B.	870 Marina Drive	<input checked="" type="checkbox"/> Add
		Unit C	<input type="checkbox"/> Remove
		Slidell, LA 70458	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated November 5 , 2013



Signature of a member or authorized representative of a member

Katherine Jaxon

Typed or printed name of signee

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Filing Fee: \$25.00