

L11000007137

(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:

Office Use Only



600208197066

06/03/11--01009--008 \*\*25.00

FILED  
2011 JUN -3 PM 6:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS  
JUN 6 2011  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Nature's Finest Produce and Market Place 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:

Clinton Schweers  
Name of Person  
Nature's Finest Produce and Market Place  
Firm/Company  
2100 SW 189th Ave  
Address  
Dunnellon, FL 34432  
City/State and Zip Code  
Schweers family@Att.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Schweers at (352) 502-7492  
Name of Person 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

2011 JUN -3 PM 6:10

Nature's Finest Produce and Market Place, LLC

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01-18-2011 and assigned  
Florida document number L11000007137.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

8260 SW Hwy 200  
Ocala, FL 34481

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

8260 SW Hwy 200  
Ocala, FL 34481

**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:

Jennifer S. Schweers

New Registered Office Address:

8260 SW Hwy 200

Enter Florida street address

Ocala

City

, Florida

34481

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.

Jennifer S. Schweers  
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 = Manager  
MGRM = Managing Member

| <u>Title</u> | <u>Name</u>       | <u>Address</u>                           | <u>Type of Action</u>  |
|--------------|-------------------|--|--|
| MGRM         | Clinton Schweers  | 2100 SW 189th Ave<br>Dunnellon, FL 39432 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGRM         | Todd Schweers     | 8505 SW 200th Ct<br>Dunnellon FL 39431   | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGRM         | Jennifer Schweers | 2100 SW 189th Ave<br>Dunnellon FL 39432  | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| MGRM         | Cindy Schweers    | 8505 SW 200th Ct.<br>Dunnellon FL 39431  | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| _____        | _____             | _____                                    | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
| _____        | _____             | _____                                    | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated May, 31, 2011.

Jennifer Schweers  
Signature of a member or authorized representative of a member

Jennifer Schweers  
Typed or printed name of signee

FILED  
2011 JUN -2 PM 5:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA