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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

JUN 24 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 C. Schweers  
Name of Person

Nature's Finest Produce and Market Place LLC  
Firm/Company

2100 SW 189th Ave  
Address

Dunnellon FL 34432  
City/State and Zip Code

CCS34432@Att.Net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Clinton C. Schweers at (352) 502-7750  
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

FILED  
11 JUN 23 AM 10:15  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

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)

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)

2100 SW 189 Ave  
Dunnellon FL 34432

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:

Clinton C. Schweers

New Registered Office Address:

2100 SW 189 Ave

Enter Florida street address

Dunnellon

City

Florida

34432

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.

Clinton C. 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	Jennifer S. Schweers	2100 SW 189th Ave Dunnellon FL 34432	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Cindy A. Schweers	8505 SW 200ct Dunnellon FL 34431	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Clinton C. Schweers	2100 SW 189 Ave Dunnellon FL 34432	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
owner	Todd Schweers	8505 SW 200ct Dunnellon FL 34431	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Todd Schweers needs to be removed completely  
from the Corporation

Dated \_\_\_\_\_

Jennifer Schweers

Signature of a member or authorized representative of a member

Jennifer Schweers

Typed or printed name of signer

FILED  
11 JUN 23 AM 10:15  
CLERK OF STATE  
TALLAHASSEE, FLORIDA