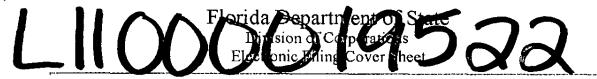
Division of Corporations



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Account Name : LEGALZOOM.COM INC.

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HIGH SPRINGS ORCHARD & BAKERY LLC

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MAY 22 2014 J. HARRIS To:

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HOLLY HEIGHTS

PAGE 02/05

COVER LETTER

Division of	i Section Corporations					
HIGH	SPRINGS ORCHARD & BAK	ERY LLC				
	Name of Limited Liability Company					
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.				
lease return all corre	spondence concerning this matter	to the following:				
	Cheyenne Moseley					
		Name of Person				
	Legalzoom.com, Iuc.					
		Firm/Company				
	100 W. Broadway Suite	100				
		Address				
	Glendale, CA 91210					
		City/State and Zip Code				
	seasonalfruit@gmail.com					
		to be used for future annual report notif	ication)			
or further informatio	n concerning this matter, please co	alt:				
melda Vasquez		323 962-8600 e	xt 7950			
Nan	ne of Person	Area Code Daytime	e Telephone Number			
nclosed is a check fo	n the following amount:					
3 \$25.00 Piling 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

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PAGE 03/05

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HIGH SPRINGS ORCHARD & BAK		
(Name of the Limited Liat (A Flor	ollity Company as it now appears on our records.)	
The Articles of Organization for this Limited Liability Florida document number L11000019522	Company were filed on 02/15/2011	and assigned
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the !!	mited liability company here:	
The new name must be distinguishable and end with the words	Limited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Frincipal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or re- registered agent and/or the new registered office a		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	City	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 605, 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

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HOLLY HEIGHTS

Wamending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	JACKSON KWONG	10804 NW SR 45 HIGH SPRINGS, FL 32643	[] Add
			☑ Remove

			□ Remove
 -			□ Ada
			□ Remove
			□ Remove
			D Add
			☐ Remove
			□ Add
			D Remove

D. If amendi	14 12:18PM 3523320895 ng any other information, enter change(s) here:	HOLLY HEIGHTS (Attach additional sheets, if necessary.)	FAGE	05/05
- 				
(The effective	late, if other than the date of filing: date must be specific, cannot be prior to date of receipt or filed document is filed by the Florida Department of State)	(optional) I date and caused be more than 90 days after		
Dated	May 19th 2014			
	Signatule of a member of authorize Jenny C I Typed or printed a	Franklin		

Page 3 of 3

Filing Fee: \$25.00