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EXAMINER



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COVER LETTER

TO:	Registration Sect Division of Corpo			i j
SUBJ	Е С Т·	MBS AGF	RICULTURE LLC	•
5020		Name of Limi	ited Liability Company	
The er	nclosed Articles of Ar	mendment and fee(s) are sub	omitted for filing.	
Please	return all correspond	lence concerning this matter	to the following:	
		•	J. MARKERO Name of Person	
		MBS A	Griculture LLC Firm/Company	·
		1052 Bar	nhorst 315 Address	
			City/State and Zip Code	
	(NEW-S)	E-mail address:	ONICULFULE O 9 me to be used for future annual report fiotifica	nil. lom
For fu	rther information cor	cerning this matter, please o	eall:	
¥υ,	niesk J Name of F	- Hauero	at (<u>863</u> 66 - 65 Area Code & Daytime T	clephone Number
Enclos	sed is a check for the	following amount:		
□ /\$2	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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

MRS ACRICULTURE LLC

Nome of the Limited Liebilli	Company of it now appear	er on our records)		
(<u>Name of the Limited Liabilit</u> (A Florida	Limited Liability Company)	is on our records.	,	
The Articles of Organization for this Limited Liability of Elorida document numberL11000046929	Company were filed on	04/29/2011	and assigne	ed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company her	<u>re</u> :		
The new name must be distinguishable and end with the wo	ords "Limited Liability Compa	any," the designation "LI	_C" or the abbre	eviation
Enter new principal offices address, if applicable:			· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STREET ADD	RESS)			
			D _O	
			AAAA AAAAA	teste tone.
Enter new mailing address, if applicable:			A = ' ≺	1
(Mailing address MAY BE A POST OFFICE BOX)			တို့≅ ယ	-
			11	
			25. 22. 32. 33. 34. 35. 36. 36. 36. 36. 36. 36. 36. 36. 36. 36	
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, <u>enter th</u> T	is manifol th	e nev
Name of New Registered Agent:				
New Registered Office Address:	En	ter Florida street addr	ess	
	City	, Florida	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.

If 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>	Type of Action
MGRM	Hemandez-Diaz Barbara	1052 Barnhost Rd Bartow Florida 33830	Add Remove
			Add Remove
	*		Add Remove
			Add
			Add Remove
	<u> </u>		AddRemove
<u>p</u>	•	change(s) here: (Attach additional sheets, if ne er 45-1795405 please delete the email of the company thanks	
Dated	05/02/2011		
	Signature of a	member or authorized representative of a member Yuniesky J Marrero	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00