

L11000057947

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

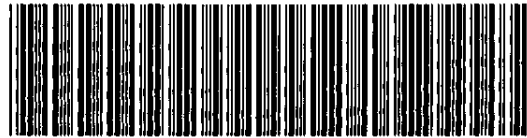
(Business Entity Name)

(Document Number)

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10/11/11--01049--003 \*\*25.00

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2011 OCT 19 AM 10:07

CLERK OF STATE  
TALLAHASSEE, FLORIDA

T. HAMPTON

OCT 20 2011

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Edible Fruit Plants, 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:

McCall Sessions

Name of Person

Edible Fruit Plants, LLC

Firm/Company

3030 Starkey Blvd STE 156

Address

New Port Richey, FL 34655-2175

City/State and Zip Code

msessions@intxcapital.com

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

For further information concerning this matter, please call:

McCall Sessions

Name of Person

at ( 281 )

381-8144

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

11 OCT 19 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

October 12, 2011

MCCALL SESSIONS  
3030 STARKEY BLVD  
STE 156  
NEW PT RICHEY, FL 34655-2175

SUBJECT: EDIBLE FRUIT PLANTS, LLC  
Ref. Number: L11000057947

We have received your document for EDIBLE FRUIT PLANTS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 511A00023467

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

**FILED**

2011 OCT 19 AM 10: 07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDAEdible Fruit Plants, 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 5/16/11 and assigned  
Florida document number L11000057947.

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:

3030 Starkey Blvd. Ste 156

(Principal office address MUST BE A STREET ADDRESS)

New Port Richey, FL 34655

Enter new mailing address, if applicable:

3030 Starkey Blvd. Ste 156

(Mailing address MAY BE A POST OFFICE BOX)

New Port Richey, FL 34655

**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:

Charles Aaron Derksen

New Registered Office Address:

3030 Starkey Blvd. Ste 156

Enter Florida street address

New Port RicheyFlorida34655

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 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.*

  
Charles Aaron Derksen  
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

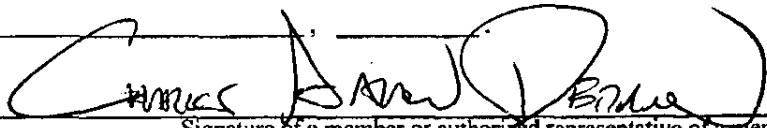
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Stephen M. Wilbur	3030 Starkey Blvd. Ste 156 New Port Richey, FL 34655	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Dale Scott Wagoner	3030 Starkey Blvd. Ste 156 New Port Richey, FL 34655	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Charles Aaron Derksen	3030 Starkey Blvd. Ste. 156 New Port Richey, FL 34655	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input 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.)

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

Dated \_\_\_\_\_

  
Signature of a member or authorized representative of a member

\_\_\_\_\_  
Typed or printed name of signee

FILED  
2011 OCT 19 AM 10:07  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE