

L11000101977

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

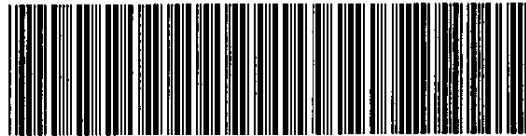
(Document Number)

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09/23/11--01005--007 \*\*25.00

FILED

2011 SEP 23 PM 1:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS  
SEP 26 2011  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: COTTONDALE HYDROPONICS, 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:

JOHNNY RISTER

Name of Person

CLIENT SERVICES PLUS, LLC

Firm/Company

3158 MAIN ST

Address

COTTONDALE, FL 32431

City/State and Zip Code

PAYROLL@RISTERTAX.COM

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

For further information concerning this matter, please call:

JOHNNY RISTER

Name of Person

at ( 850 ) 352-4050

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 SEP 23 PM 1:28

**COTTONDALE HYDROPONICS, LLC**

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

CLERK OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 09-06-2011 and assigned  
Florida document number L11000101977.

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:

2292 HWY 90

(Principal office address MUST BE A STREET ADDRESS)

COTTONDALE, FL 32431

Enter new mailing address, if applicable:

2292 HWY 90

(Mailing address MAY BE A POST OFFICE BOX)

COTTONDALE, FL 32431

**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:

CLIENT SERVICES PLUS, LLC

New Registered Office Address:

3158 MAIN ST

*Enter Florida street address*

COTTONDALE

, Florida

32431

*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.*

*[Signature]*  
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

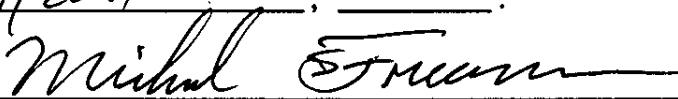
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	EMILY R. LAMBERT	701 MAGAZINE ST NEW ORLEANS, LA 70119	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	COREY M. BORDES	9420 CROSSEN ST RIVER RIDGE, LA 70123	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MBR	COREY M. BORDES	9420 CROSSEN ST RIVER RIDGE, LA 70123	<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

9/19/2011



Signature of a member or authorized representative of a member

MICHAEL FREEMAN

Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED