

L12000014701

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

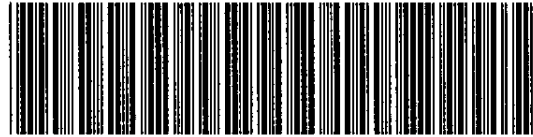
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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\* CLINE

AUG - 8 2012

EXAMINER

LAW OFFICES  
**ROBERT L. KING, ATTORNEY-AT-LAW**  
2780 EAST OAKLAND PARK BOULEVARD  
FORT LAUDERDALE, FLORIDA 33306-1605  
(954) 561-5808  
Fax: (954) 566-1173

ROBERT L. KING  
Admitted to Bar in Florida and Indiana

VLADIMIRA (MIRA) LIBANSKY

August 3, 2012

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314-6327

Re: Organic Harvest of Columbia, LLC  
Organic Harvest, LLC

Gentlemen:

Enclosed please find the following documents:

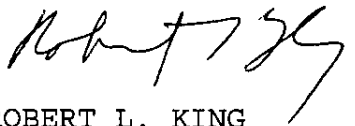
1. Articles of Amendment to change the name of Organic Harvest, LLC, to Organic Harvest of Columbia, LLC, along with our check in the amount of \$55.00 for the filing fee and one certified copy (an additional copy of the Articles of Amendment for certifying is enclosed)
2. Articles of Organization for a new LLC to be called Organic Harvest, LLC, along with our check in the amount of \$155.00 for the filing fee and one certified copy (an additional copy of the Articles of Organization for certifying is enclosed)

As you can see, we are changing the name of the existing LLC to Organic Harvest of Columbia, LLC, and then forming a new LLC in the name of Organic Harvest, LLC. Please consider this letter your authorization to allow the new LLC to be formed using the original LLC's name of Organic Harvest, LLC.

Should you need any additional documentation or have any questions, please feel free to call me or e-mail me at [RobtLKing@aol.com](mailto:RobtLKing@aol.com).

Thank you for your help in this matter.

Very truly yours,



ROBERT L. KING

RLK/ibm  
cc: Organic Harvest, LLC

c:\corp\Organic Harvest\letters

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
AUG 7 PM 4:45  
2012

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Organic Harvest, 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:

**Robert L. King, Esq.**

Name of Person

Firm/Company

**2780 E Oakland Park Blvd**

Address

**Fort Lauderdale, FL 33306-1605**

City/State and Zip Code

**RobtLKing@aol.com**

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

For further information concerning this matter, please call:

**Robert L. King**

Name of Person

at ( **954** )

**561-5808**

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

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

Organic Harvest, 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 January 31, 2012 and assigned  
Florida document number L12000014701.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Organic Harvest of Columbia, LLC

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)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

New Registered Office Address:

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_  
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.*

**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

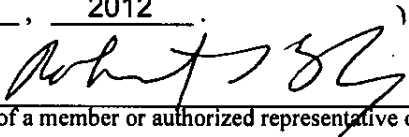
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Patricia Davila	711 Valencia Ave, #2 Coral Gables, FL 33134	<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
			<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 July 3, 2012

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
 Robert L. King  
 \_\_\_\_\_  
 Typed or printed name of signee

FILED  
 2012 JUL - 7 PM 12:49  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA