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SECRETARY OF STATE

## ROBERT L. KING, ATTORNEY-AT-LAW

2780 EAST OAKLÁND 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

November 9, 2012

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: Organic Harvest of Columbia, LLC

changing name to Organic Harvest of Colombia, LLC

Gentlemen:

Enclosed please find the following documents:

1. Articles of Amendment to change the name of Organic Harvest of Columbia, LLC, to Organic Harvest of Colombia, 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)

As you can see, the only change is that we are changing the name of the existing LLC by changing Columbia to Colombia,

Should you need any additional documentation or have any questions, please feel free to call me or e-mail me at <a href="mailto:RobtLKing@aol.com">RobtLKing@aol.com</a>.

Thank you for your help in this matter.

Very truly yours,

ROBERT L. KING

RLK/ibm

cc: Organic Harvest of Columbia, LLC

c:\corp\Organic Harvest\letters

#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT

### Organic Harvest of Columbia, 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

Robert L King, Attorney-at-Law

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

954,561-5808

Name of Person

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

Organic Harvest of Columbi			
(Name of the Limited I (A)	Liability Company as it now a Florida Limited Liability Comp	pnears on our records.  any)	
The Articles of Organization for this Limited Lia	ability Company were filed or	01/31/2012	and assigned
Florida document number L12000014701	·		
This amendment is submitted to amend the follow			
A. If amending name, enter the new name of	the limited liability compan	<u>y here</u> :	
Organic Harvest of Colombia, LLC	•		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability C	Company," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	(ADDRESS)		
		* * * * * * * * * * * * * * * * * * * *	
	· • • • • • • • • • • • • • • • • • • •		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	3 <i>0X</i> )		
<u>,                                    </u>			
	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/o			the name of the new
registered agent and/or the new registered off	ice address here:	-	12 SE
Name of New Registered Agent:			53 2 7
New Registered Office Address:			ある <b>3</b>
; ;		Enter Florida street ada , Florida	ress, To
	, 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 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 = I	Managing Member	· -	
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			<del></del>
			Remove
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			Remove
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If amending any other information, enter change	e(s) here: <i>(A</i>	lttach addii	ional sheets,	if necessary.)
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		:	,	
November 9 201	2 .			
10/17/4				
Robert L King, Esq.	or authorized	representati	ive of a memb	oer
Typed	or printed nan	ne of signee		

Page 3 of 3

Filing Fee: \$25.00