## L1200113324

(Requ	estor's Name)	
(Addre	ess)	
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(City/S	State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Busin	less Entity Name	е)
(Docu	ment Number)	
Certified Copies	Certificates o	of Status
Special Instructions to Fili	ing Officer:	

Office Use Only



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SECRETARY OF STATE ALLAHASSEE, FLORIDA

SEP 1 7 2015

**3** MASON



September 8, 2015

M. BUSHMITZ 34200 B DOCTORS HAMMOCK ROAD IMMOKALEE, FL 34142

SUBJECT: IMMOKALEE AGRIFARMS, L.L.C.

Ref. Number: L12000113324

We have received your document for IMMOKALEE AGRIFARMS, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is L15000129884 BC USA, LLC.

You may comply with this request via fax. Please fax correction(s) to the attention of the undersigned examiner at 850-245-6030.

Please return 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) 245-6051.

Stacey M Mason Regulatory Specialist II

www.sunbiz.org

Letter Number: 515A00018887

## COVER LETTER

- Div	ision of Corp	porations		
SUBJECT:	IMMOKAL	EE AGRIFARMS, L.L.C.		
Sobset.		Name of Limi	ted Liability Company	
The enclosed	l Articles of /	Amendment and fee(s) are subt	nitted for filing.	
Please return	all correspoi	ndence concerning this matter (	o the following:	
		M. BUSHMITZ		
		<del>_</del>	Name of Person	
		IMMOKALEE AGRIFAR	MS	
			Firm/Company	
	34200 B DOCTORS HAMMOCK ROAD			
			Address	
		IMMOKALEE, FL 34142		
			City/State and Zip Code	
		IMMOKALEEAGRIFARM		
•		E-mail address: (	to be used for future annual report notifi-	cation)
For further in	nformation co	oncerning this matter, please ca	ill:	
M BUSHM	IITZ		305 209-1902 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
\$25.00 \	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:

TO:

**Registration Section** 

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

immokalee agrifarms, l.i				
(Name of the Limi	ted Liability Comp (A Florida Limited	any as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited L Florida document number L12000113324	lability Company	y were filed on 09/0	4/2012	and assigned
This amendment is submitted to amend the foll	owing:		·	
A. If amending name, enter the new name o	f the limited lial	bility company her	<u>e</u> :	
#2/25/44# BC US, LLC	•			
The new name must be distinguishable and contain the	vords "Limited Liab	ility Company." the des	ignation "LLC" or the a	ibbreviation "L.L.C."
Enter new principal offices address, if applic	able:	N/A		
(Principal office address MUST BE A STREE				
		N/A		
Enter new mailing address, if applicable:		INIPA		
(Mailing address MAY BE A POST OFFICE	BOX)			
		~		
B. If amending the registered agent and registered agent and/or the new registered o			our records, enter	the name of the ner
Name of New Registered Agent:	N/A			<del>,</del>
New Registered Office Address:				
New Registered Office Address.		Enter Florid	da street address	
			, Florida	
		City		Zip Code
New Registered Agent's Signature, if changing	Registered Agent	<u>.</u>		
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this	er and complete istered agent as registered office	z performance of n provided for in Ch	ny duties, and I am napter 605, F.S. Or	familiar with and r. if this document is

If Changing Registered Agent, Signature of New Registered Agent
ASSET D
Page 1 of 3
Page 1 of 3
Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	COUNTRY PRODUCTS PTY LIN	3030 N. ROCKY POINT DR	🗆 Add
		SUITE 150 A	≅ Remove .
		TAMPA, FL 33607	Change
MGRM	BIOCULTURE MAURITIUS LTD	34200 B DOCTORS HAMMOCK ROAD	<b>=</b> Add
		IMMOKALEE, FL 34142	□ Remove
		<u> </u>	Change
MGR	MARK MOSHE BUSHMITZ	34200 B DOCTORS HAMMOCK ROAD	B Add
		IMMOKALEE, FL 34142	Remove
			Change
			Remove
			☐ Chang¢
			□ Add
			□ Remove
	·	ALLA LLA	Change
		ALASSEE, FLORIDA	O Pamara

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