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(Requ	estor's Name)			
(Addre	ess)			
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C.FRIGE

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

BIONITROGEN PLANT FL I, 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:

FREDY PEDROZA

Name of Person

BIONITROGEN PLANT FL I, LLC

Firm/Company

1400 CENTREPARK BLVD. SUITE 860

Address

WEST PALM BEACH, FL 33401

City/State and Zip Code

fredy.pedroza@bionitrogen.com

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

For further information concerning this matter, please call:

Fredy Pedroza

_{.,,,}561,600-9550

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**

BIONITROGEN PLANT FL I

(A Florida Limited Lia	ability Compa	ny)	
The Articles of Organization for this Limited Liability Company	were filed on	09/06/2012	and assigned
Florida document number L12000114171			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company	here:	
BIONITROGEN PLANT FL HARDEE, LLC			
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Co	ompany," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			A Cr
		i C	26 一
Enter new mailing address, if applicable:		12	2 ₹ M
(Mailing address MAY BE A POST OFFICE BOX)			
		<u></u>	<u> </u>
B. If amending the registered agent and/or registered office address here:		on our records, <u>enter the</u>	e name of the new
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Florida street addre	ss
		, 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> Type of Action Add Remove Remove Add Remove Remove

. If amending any other information, en	ter change(s) here: (Attach additional sheets, if necessary.)
•	
•	
_{ated} December 12	2013
alcu	·, ———·
m. C	Vand
Signature of	a member of authorized representative of a member
Bryan B. Kornegay	a monitorio di uniforio di unifori
Diyan b. Nomegay	T

Typed or printed name of signee
Page 3 of 3

Filing Fee: \$25.00

