

L12000 141207

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

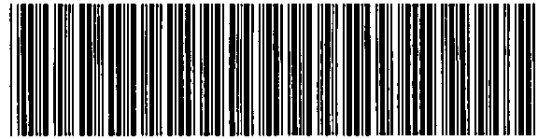
(Business Entity Name)

(Document Number)

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RECEIVED  
DEPARTMENT OF STATE  
13 JUN 24 PM 4:18

FILED  
2013 JUN 24 AM 8:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Cuffigan JUN 25 2013



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 698814 7911720

AUTHORIZATION :

*[Signature]*

COST LIMIT : \$ 25.00

ORDER DATE : June 21, 2013

ORDER TIME : 3:11 PM

ORDER NO. : 698814-005

CUSTOMER NO: 7911720

DOMESTIC AMENDMENT FILING

NAME: WEST CITRUS DISTRIBUTING, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT

       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY

XX PLAIN STAMPED COPY

       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER'S INITIALS: \_\_\_\_\_

FILED

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

2013 JUN 24 AM 8:50  
SECRETARY OF STATE,  
TALLAHASSEE, FLORIDA

WEST CITRUS DISTRIBUTING, 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 11/07/2012 and assigned  
Florida document number L12000141207.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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	KYRSTALYN WAGNER	5640 E TENISON ST	<input checked="" type="checkbox"/> Add
		INVERNESS, FL 34452	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Dated 4-15, 2013.

Krystalyn Wagner

Signature of a member or authorized representative of a member

KRYSTALYN WAGNER

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

FILED  
2013 JUN 26 AM 8:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA