L12000155583

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COVER LETTER

TO:	Registration Section Division of Corporations	and the second s	p 2ª .S
≁ SUBJI	Reints Citrus LLC		_
	Name of Limite	d Liability Company	-

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gregory Reints				
Name of Person				
Reints Groves, LLC				
Firm/Company				
3108 Sweetwater Road				
Address				
Zolfo Springs, FL 33890				
City/State and Zip Code				
hiltoncpa@embarqmail.com				
E-mail address: (to be used for future annual report notification)				

For further information concerning this matter, please call:

Forrest H. Hilton

Name of Person

at (863) 452-2906

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

30.00 Filing Fee & ☐\$55.00 Filing Fee & Certificate of Status

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



Reints Citrus 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 Con-	npany were filed on Dece	mber 13, 2012 and assigned	
Florida document number L12000155583	,		
This amendment is submitted to amend the following:	• •		
A. If amending name, enter the new name of the limite	ed liability company here:		
Reints Groves, LLC			
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company,	" the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u>(SS)</u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		the latest and the la	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		records, enter the name of the new	
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 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>Name</u> **Type of Action Title** Address Remove Remove Remove Remove Add Remove

D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
		_ 23 24
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_		
_		300
_		- 6
Dated	12-13	
	Gregory Rain	
	Signature of a member or authorized representative of a member	
	Gregory Reints	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00