

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Japanese American Agriculture Development Company, 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:

Peggy M. Galloway

Name of Person

Firm/Company

811 Southwood Drive

Address

Perry, FL

City/State and Zip Code

pwgalloway@gmail.com

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

For further information concerning this matter, please call:

Peggy M. Galloway

Name of Person

at 229 548-2810

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Japanese American Agriculture Development Company, LLC

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Landis, William R	P. O. Box 1422	<input type="checkbox"/> Add
		Perry, FL 32348	<input checked="" type="checkbox"/> Remove
MGR	Galloway, Wayne H.	P. O. Box 1422	<input checked="" type="checkbox"/> Add
		Perry, FL 32348	<input type="checkbox"/> Remove
MGR	Fowler, Stacie G.	P. O. Box 1422	<input checked="" type="checkbox"/> Add
		Perry, FL 32348	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

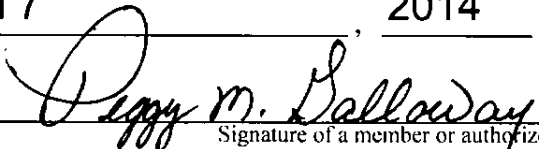
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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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

E. Effective date, if other than the date of filing: 04/07/2014 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 7, 2014



Signature of a member or authorized representative of a member
Peggy M. Galloway

Typed or printed name of signee

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CLERK OF STATE
JAIL HASSELT FLOIDA