13000104095

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COVER LETTER

TO:

Registration Section Division of Corporations

WILLIS LANGFORD NURSERIES, 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:

Steve L. Henderson, Esquire

Name of Person

Collins, Brown, Caldwell, et al

Firm/Company

756 Beachland Blvd.

Address

Vero Beach, FL 32963

City/State and Zip Code

cwwillisco@bellsouth.net

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

For further information concerning this matter, please call:

Steve L. Henderson, Esquire at 772, 231-4343

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

Willis Langford Nurseries, LLC		<u>_</u>
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our record a Limited Liability Company)	<u>is.</u>)
The Articles of Organization for this Limited Liability Florida document number L13000104095	Company were filed on July 23, 2013	and assigned
	<u> </u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	mited liability company here:	
CW Willis Citrus Nursery, LLC		
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company," the designa	
Enter new principal offices address, if applicable:		TA SEE
(Principal office address MUST BE A STREET ADD	DRESS)	AR E
		200
Enter new mailing address, if applicable:	44.00	
(Mailing address MAY BE A POST OFFICE BOX)	·	
B. If amending the registered agent and/or registered agent and/or the new registered office ad		enter the name of the new
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
	Enter Florida stre	et address
	, Flori	
	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	R. Dean Langford	P.O. Box 167	Add
		Babson Park, FL 33827	Remove
MGR	Melissa A. Willis	4880 70th Terrace	Add
		Vero Beach, FL 32967	Remove
		TAL TAL TAL TAL TAL TAL TAL TAL TAL TAL	
			Add
			Add Remove
			Rc

If amending any o	ther information,	enter change(s) here:	(Attach additional sheets, if necessary.)
			
			
		•	
<u> </u>			
_{ed} August	67h	, <u>2013</u>	
(la	intoplem ?	V. Willes	ed representative of a member
	Signature	e of a member or authorize	ed representative of a member
Christ	opher W. Wi	llis	
· · · · · · · · · · · · · · · · · · ·	, .	Typed or printed n	ame of signee

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Filing Fee: \$25.00

SECRETARY OF STATE