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K. SALY EXAMINER OCT 2 5 2013

COVER LETTER

TO:

Registration Section
Division of Corporations

Blue Barn Citrus, LLC

SUBJECT:

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:

Earl L. Scales, Jr.

Name of Person

Blue Barn Citrus, LLC

Firm/Company

3002 SW 1st Way

Address

Gainesville, FL 32601

City/State and Zip Code

fodderwing@bellsouth.net

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

For further information concerning this matter, please call:

Earl L. Scales, Jr.

_{.,}35**2**672-3815

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



Blue Barn 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 9/13/2013	and assigned
Florida document number L13000128544		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limiter	d liability company here:	
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," the designa	tion "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u>(22)</u>	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	***	
(Mutting uturess WAT BE A FOST OFFICE BOX)		
B. If amending the registered agent and/or registered		nter the name of the new
registered agent and/or the new registered office addres	<u>ss here</u> :	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	 et address
	, Florid	da Zip Code
Now Dominton of American Science Science		•

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>	Name	Address	Type of Action
mgrr	Ingrid Victoria Scales	3002 SW 1st Way	Add
MGRM		Gainesville, FL 32601	Remove
			
			Add
			Remove
			Add
			Remove
			Add
			Remove
			_ □
			L Add
			Remove
			Add
			Remove
		110	

If amending any other information, ente	er change(s) here: (Attach additional sheets, if necessary.)
10/18	2014,
Ellel	: :
Signature of a Earl Lytle Scales, Jr.	a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00