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2013 OCT 25 PH 3: 52

B. BOSTICK
OCT 2 3 2013
EXAMINER

COVER LETTER

TO:

Registration Section Division of Corporations

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:

Brakefield to Son Irrigation, Inc

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

For further information concerning this matter, please call:

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

S25.00 Filing Fee

S30.00 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

Brake field E.Son Tryingation Inc.
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(Name of the Limited Liability Compan (A Florida Limited Li	y as it nowap ability Compar	ik) beurz ou om, tecolg:	<u>s.</u>)
The Articles of Organization for this Limited Liability Company	were filed on	october 18	2013 and assigned
Florida document number U 300147182			
This amendment is submitted to amend the following:			
A. If amending name, cuter the new name of the limited liabi	lity company	<u>here</u> ;	
Brakefield & Son Transaction. The new name miss be distinguishable and end with the words "Limit "L.L.C."	ed Liability Co	mpany." the designat	ion "LLC" or the abbreviation
Enter new principal offices address, if applicable:		NA . KARA AND AND AND AND AND AND AND AND AND AN	. , . ,
(Principal office address MUST BE A STREET ADDRESS)			2013 OCT 25
			7 N
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			7; <u>7</u>
			The state of the s
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	Ice address (on our records, <u>ei</u>	uter the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Florida stree	et address
		Florid	da
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre	ee to act in th	is capacity. I furth	er agree to comply with

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				
Title	<u>Name</u>	<u>Address</u>	Type of Action	
		National Control of the Control of t	Add	
		***************************************	Remové	
·			Add	
		-	Remove	
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			Padd S Remove w	
			Remove Co.	
NACAL E LAMBORIO			Add	
			Remove	
			Add	
			Remove	

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated	October 26 2013
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

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Filing Fee: S25.00

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