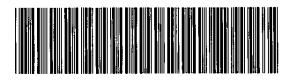
#L13000152044

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TO ACKTORIZOUSE
TO ACKTORIZOUSE

BILLAPR -9 ANIO:

K.SALY EXAMINER APR 1 0 2014

GUILDAY

April 9, 2014 **VIA HAND DELIVERY**

Secretary of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Fruitland, LLC – Document Number L13000152044

Dear Sir or Madam:

I have enclosed the original and one copy of Articles of Amendment to Articles of Organization for the above-described limited liability company and a check for \$60.00 for the amendment fee, a certificate of status, and a certified copy of the Articles with all Amendments. I have also included copies of the Articles of Organization and the Amendment to Articles of Organization filed on March 27, 2014.

Please give me a call at 224-7091 when this has been processed and I will have a runner pick it up from our box. Thank you very much for your help.

Sincerely,

Chris

Chris Gibson, Assistant to Geoffrey B. Schwartz and Daniel J. Kuhn

/cg Enclosures CATHERINE B. CHAPMAN° JENNIFER SULLIVAN DAVIS ROBERT D. FINGAR THOMAS J. GUILDAY GEORGE W. HATCH, III* DANIEL J. KUHN FRANCES C. LOWE® TRUDY E. INNES RICHARDSON CARRIE MENDRICK ROANE JAKEN E. ROANE CHRISTINA L. SCARINGE MARY K. SIMPSON** MICHAEL D. WEST ALBERT J. WOLLERMANN° OF COUNSEL GEOFFREY B. SCHWARTZ J. KENDRICK TUCKER

- * BOARD CERTIFIED CONSTRUCTION LAWYER
- ** BOARD CERTIFIED CIVIL TRIAL LAWYER
- O ALSO ADMITTED IN GA

A MEMBER OF THE HARMONIE GROUP

COVER LETTER

TO: Registration Section Division of Corporation	ons		
FRUITLA	AND, LLC		
SUBJECT:		ed Liability Company	
The enclosed Articles of Amend	iment and fee(s) are subm	itted for filing.	
Please return all correspondence	e concerning this matter to	the following:	
C	hris Gibson	l	
_		Name of Person	 ,
G	uilday, Schwartz,	Simpson, West, Hatch &	Lowe, P.A.
 -		Firm/Company	
1	983 Centre P	ointe Boulevard, S	Suite 200
		Address	
Ţ	allahassee,	FL 32308	
_		City/State and Zip Code	
<u>sg</u>	ornto@harbour	petro.com be used for future annual report notific	estion)
For further information concern	·	·	outon,
Chris Gibson	0 1	850\224-70	091
Name of Person	n	at ()	Telephone Number
,			
Enclosed is a check for the follo	owing 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

FILED

2014 APR -9 AM 10: 22

SECRETARY OF STATE
FALLAHASSEE, FLORIES

FRUITLAND, 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 Conformation Florida document number <u>L13000152044</u>	ompany were filed on 10/29/2013 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ted liability company here:
The new name must be distinguishable and end with the words "Lin	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	ESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address.	tered office address on our records, enter the name of the new ress here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida

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 605, 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Name	Address	Type of Action
AMBR	Kenneth L. Wood	2070 South Orange Blossom Tra	il □ Add
		Apopka, Florida 32703	Remove
			Li Add
			□ Remove
			Add
			□ Remove
			Add
			□ Remove
			Add
			□ Remove
			_□ Add
			_□ Remove

If amending any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department	of receipt or filed date and cannot be more than 90 days after
Dated April 2.	2014
Samuel E.	You to
Signature of a m	ember or authorized representative of a member
Samuel E. Gornto	
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00