# L1400000416

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SECRETARY OF STATE
ALLAMASSEE, FLORIDA

# **COVER LETTER**

TO: Registration Se Division of Cor		,	
SUBJECT: Bluek	perry Farms Ll	_C	
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Kenneth Zal	<b>&lt;</b>	
	• • • • • • • • • • • • • • • • • • • •	Name of Person	
	Blueberry Fa	arms LLC	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	6267 Blank	Drive	
		Address	
	Jacksonville	FL 32244	
		City/State and Zip Code	<del></del>
	KZAK@Bellsouth	1.net to be used for future annual report notific	cation)
For further information c	oncerning this matter, please ca	•	outon,
Kenneth Za	-	at (904) 923-94	192
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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**

FILED 2014 AUG -7 PM 3: 48

Blueberry Farms 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 Librida document number L14000000416	Liability Company	were filed on Ja	inuary 01, 2014	and assigned
This amendment is submitted to amend the fol				
A. If amending name, enter the new name of	of the limited liab	ility company he	ere:	
The new name must be distinguishable and end with the	e words "Limited Liab	ility Company," the	designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	6267 Blank	Drive	
Principal office address MUST BE A STRE		Jacksonville	FL 32244	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>S BOX)</u>	6267 Blank Jacksonville		
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	Ų	<u>e</u> :	our records, enter	the name of the ne
New Registered Office Address:	6267 Blank	Drive		
		Enter Flor	rida street address	
	Jacksonville	е	, Florida <u>32</u>	244
		Citv	,	Zip Code

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.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = M $AMBR = A$	anager uthorized Member			
<u>Title</u>	Name	Address	Type of Action	
			□ Add	
			□ Remove	
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ffective date, if other than the he effective date must be specific, cannuble date this document is filed by the FI	date of filing: (optional of the prior to date of receipt or filed date and cannot be more than 90 days after orded Department of State)
August 04	2014
Kennett	<del></del>
/	Signature of a member or authorized representative of a member
Kenneth Zak	
·	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2014 AUG -7 PM 3: 48
SECRETARE PHORIDA