

L14000001497

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

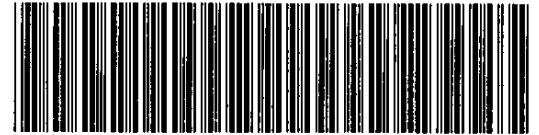
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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ALABAMA

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JUL 10 2014
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Agriflite, 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:

Shannon Young
Name of Person

Agroflite, LLC
Firm/Company

5128 Forsyth Commerce Rd
Address

Orlando FL 32807
City/State and Zip Code

Shannon.Young@eoiapparel.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shannon Young at (407) 831-4000
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

CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Agroflite, 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 Company were filed on 1/3/14 and assigned
Florida document number 414000001497

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Agroflite, LLC

The new name must be distinguishable and end with the words "Limited 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 ADDRESS)

5128 Forsyth Commerce Rd
Orlando FL 32807

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5128 Forsyth Commerce Rd
Orlando FL 32807

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Shannon Young

New Registered Office Address:

5128 Forsyth Commerce Rd
Enter Florida street address

Orlando

City

Florida

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JACKSONVILLE, 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.

Shannon Young
If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

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SOUTHERD DISTRICT OF CALIF.

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

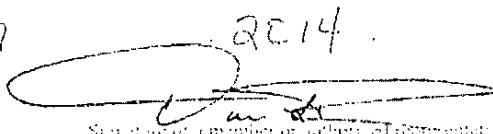
E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State.)

Dated

7/7

2014



Signature of a member or father of a member of a member

DARREN L. ROTHELL

(Typed name of member)

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Filing Fee: \$25.00

CLERK OF STATE
DAVID ARASSE
FLORIDA

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