

L140000 717 96

(Requestor's Name)

(Address)

(Address)

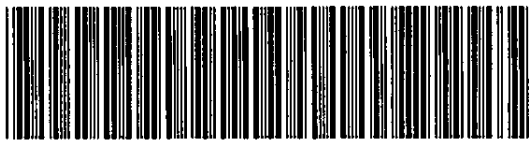
(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



900257463569

FILED
15 MAR 25 PM 1:28
REGISTRY OF STATE
TALLAHASSEE, FLORIDA

Special Instructions to Filing Officer:
No charge due to error -
on part of this office.
[Signature]
3/25/15

Office Use Only

M. MILLIGAN
EXAMINER

MAR 31 2015

Ms. Gonzalez was made
aware of Everglades
Harvesting and Handling
589808 - Still wanted
to file name although *[Signature]*



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 11, 2014

EVERGLADES HARVESTING LLC
621 WEST EL PASO AVE
CLEWISTON, FL 33440 US

SUBJECT: EVERGLADES HARVESTING LLC
Ref. Number: L14000071796

This is to advise you that on **May 2, 2014**, we filed your limited liability company under the above name, which was not available.

Therefore, we request that you file an amendment, at no charge, to change the name of your limited liability company to make it distinguishable from the existing entity. We have enclosed forms and guidelines for your assistance.

We apologize for this inconvenience and trust that you understand the urgency in completing this amendment, and returning it along with a copy of this letter to my attention as soon as possible.

If you have any questions, please call (850) 245-6051.

Sincerely,

Michelle Milligan
Senior Section Administrator
Registration Section

Letter Number: 014A00019450

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EVERGLADES HARVESTING 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:

NEREIDA GONZALEZ
Name of Person

EVERGLADE HARVESTING LLC
Firm/Company

621 WEST EL PASO AVE
Address

CLEWISTON, FL 33440
City/State and Zip Code

GONZALEZ1024@JA400.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NEREIDA GONZALEZ at (561) 261-4026
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

FILED
MAR 25 PM 1:22
15
SUNSHINE STATE
RECORDS & CLERK

EVERGLADES HARVESTING 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 5/2/2014 and assigned
Florida document number L14000071796

This amendment is submitted to amend the following:

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

EVERGLADES HARVEST AND HAUL 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____

City

Zip Code

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.

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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 MARCH 11, 2015.



Signature of a member or authorized representative of a member

NEREIDA GONZALEZ

Typed or printed name of signee

FILED
15 MAR 25 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA