L15000101455

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COVER LETTER

Division of Cor	porations		
Citrus Extr	acts Transport Services, LLC		
	Name of Limite	d Liability Company	
The enclosed Articles of	Amendment and fee(s) are submi	itted for filing.	
Please return all correspo	ndence concerning this matter to	the following:	
	Cindy Lande		
		Name of Person	
	BrownWinick Law Firm		
		Firm/Company	
	666 Grand Avenue, Suite 20	00	
		Address	
	Des Moines, Iowa 50309		
		City/State and Zip Code	
	lande@brownwinick.com		
	E-mail address: (to	be used for future annual rep	ort notification)
For further information co	oncerning this matter, please call	:	
Cindy Lande		515 242-2 at ()	476
Name of	f Person		Daytime Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section
Division of Corporations

TO:

Registration Section

P.O. Box 6327

Tallahassec, 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

Citrus Extracts Transport Services, LLC			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on ou Liability Company)	r records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L15000101455</u> .	were filed on June 8, 2	2015 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designati	ion "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	3495 South U.S. Hwy 1 - Bldg 12-E		
(Principal office address MUST BE A STREET ADDRESS)	Ft. Pierce, FL 34982		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:		records, enter the name of the ne	
New Registered Office Address:	Enter Florida stree	at add	
	Emer Proridusire		
***	City	, Florida	
New Registered Agent's Signature, if changing Registered Agent:		·	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my du provided for in Chapte	ties, and I am familiar with and r 605, F.S. Or, if this document is	
If Chan	nging Registered Agent, <u>Sig</u>	gnature of New Registered Agent	
Page 1	l of 3	A D	

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
. AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
President	William Howe	3495 South U.S. Hwy 1 - Bldg 12-E	■ Add
		Ft. Pierce, FL 34982	□ Remove
			☐ Change
			D Add
			Remove
			☐ Change
			Add
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	ding any other information, enter change(s) here: (Atte			_
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Note: 1	e date, if other than the date of filing: tive date is listed, the date must be specific and cannot be prior to date of the date inserted in this block does not meet the applicable sta not's effective date on the Department of State's records.	tutory filing requirements,	this date will not be list	5.0207 (3 ted as th
he reco	ord specifies a delayed effective date, but not an e			ier of:
The 9	90th day after the record is filed.			ier of:
The 9	90th day after the record is filed.			ier of:
The 9	ord specifies a delayed effective date, but not an elective date, but not all elect			ier of:
The 9	90th day after the record is filed.	presentative of a member	29	ier of:
The 9	Of the day after the record is filed. Of 15 12015. Signature of a member or authorized re			ier of:
The 9	Onth day after the record is filed. On 15 10015 Signature of a member or authorized re		2915 JUL 1 PEGESTAR PLAHASS	EE JANE BY 48
The 9	Of the day after the record is filed. Of 15 12015, Signature of a member or authorized re Al Koch Typed or printed name	of signee	2915 JIL ITARY	D and a second
The 9	Of the day after the record is filed. Of 15 12015. Signature of a member or authorized re	of signee	2915 JUL 1 PEGESTAR PLAHASS	The state of the s