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SLUKETARY OF STATE

COVER LETTER

TO:

Registration Section -

Tallahassee, FL 32314

Division of Co	rporations			
SUBJECT:	KELLEY CITRUS, 1	u.c		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		•
Please return all corresp	ondence concerning this matter	to the following:		
	Ron	nald Kelley		
		Name of Person		
	Ke	lley Citrus, LLC		
		Firm/Company		
	P. (P. O. Box 543		
		Address		<u> - 28</u>
	Wauch	nula, FL 33873		90 90 17 P. C.
		City/State and Zip Code		
	E-mail address: (to be used for future annual report notif	ication)	3
For further information	concerning this matter, please c	all:		16 OCT 11 PM 2: 38
Ronald Kell		at (<u>863</u>) <u>443-08</u>		··
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 For Certificate of Some Certified Copy (additional copy is	Status &
Regist	LING ADDRESS: tration Section	STREET/COURD Registration Section	n	
	on of Corporations Box 6327	Division of Corpora Clifton Building	ations	

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KELLEY CITRU	S, LLC	
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Company	ny were filed on <u>August 97, 201</u>	6 , and assigned
Florida document numberL16000146819		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia"	hility Company " the designation "I I C" or the	ne abbreviation "I CO"
ne new name must be distinguishable and contain the words. Limited Lia	omity company, the designation and of the	8
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRESS)		
·.		2
		7: 55
Enter new mailing address, if applicable:	P. O. Box 543	38
Mailing address MAY BE A POST OFFICE BOX)	Wauchula, FL 33873	
3. If amending the registered agent and/or registered	office address on our records, en	ter the name of the n
registered agent and/or the new registered office address he		
Name of New Registered Agent:		1
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 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>	Name	Address	Type of Action
MGR	Ronald Kelley	P. O. Box 543	∑ Add
		Wauchula, FL 33873	, □ Remove
			☐ Change
AMBR	Priscilla Kelley		□ Add
			☐ Change
			O_Add FR
			Remove A
			Crapse No.
			2: 486 BY
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fecti	e date, if other than the date of filing: (optional)	
	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursua f the date inserted in this block does not meet the applicable statutory filing requirements, this date will no	
	nt's effective date on the Department of State's records.	
rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the	e earlier o
ıne	Outh day after the record is filed.	
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	Y Track of Xaller	
	Signature of a member of authorized representative of a member	
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Filing Fee: \$25.00