

1/5/2017

Division of Corporations

**PLEASE KEEP ORIGINAL
SUBMISSION DATE
1/5/2017**

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

**PLEASE KEEP ORIGINAL
SUBMISSION DATE
1/5/2017**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000004405 3)))



H170000044053ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

**PLEASE KEEP
ORIGINAL
SUBMISSION
DATE 1/5/2017**

To:

Division of Corporations
Fax Number : (850)617-6383

**PLEASE KEEP ORIGINAL
SUBMISSION DATE 1/5/2017**

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future
annual report mailings. Enter only one email address please.**

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIG
AGRI PARTNERS OF THE SOUTH, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

**PLEASE KEEP ORIGINAL SUBMISSION DATE
1/5/2017**

Electronic Filing Menu

Corporate Filing Menu

Help

S Warren**JAN 17 2017**

850-617-6381

1/6/2017 10:37:19 AM PAGE 1/002 Fax Server

January 6, 2017

AGRIPARTNERS OF THE SOUTH, LLC
PO BOX 1170
GRENADA, MS 38902-1170

SUBJECT: AGRIPARTNERS OF THE SOUTH, LLC
REF: M14000002109

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

The document number of the name conflict is L16000224185 AGRIPARTNERS LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

To: Page 4 of 9

2017-01-13 12:42:31 CST

12122023573 From: Kimberly Laughrey

850-617-6381

1/6/2017 10:37:19 AM PAGE 2/002 Fax Server

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren
Regulatory Specialist II

FAX Aud. #: H17000004405
Letter Number: 517A00000324

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AgriPartners of the South, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person

Firm/Company

Address

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle Goodson at (662) 227-4173
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: AgriPartners of the South, LLC

Enter new principal office 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

2017 JAN-5 P 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

2. The Florida document number of this limited liability company is: M14000002109

3. Jurisdiction of its organization: Arkansas

4. Date authorized to do business in Florida: April 13, 2012

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: AgriPartners, LLC.
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

AgriPartners - APS, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</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

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the Authorized representative

James L. Griffin

Typed or printed name of signer

Filing Fee: \$25.00

4

2017 JAN 13 P 4 24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



Arkansas Secretary of State Mark Martin

State Capitol Building ♦ Little Rock, Arkansas 72201-1094 ♦ 501.682.3409

I, Mark Martin, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the following and hereto attached instrument of writing is a true and perfect copy of

Articles of Amendment

Filed in this office December 19, 2016

AGRIPARTNERS LLC

In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 10th day of January 2017.

Mark Martin

Mark Martin
Secretary of State

By: *Lisa Bruno*

Lisa Bruno



FILED - Arkansas Secretary of State - Mark Martin - Doc#: 8057885001 - Filing#: 811047049 - Filed On: 12/19/2016 - Page(s): 1

The undersigned, pursuant to Act 1003 of 1993, sets forth the following:

CERTIFIED COPY

1. The name of the Limited Liability Company is:
AGRIPARTNERS OF THE SOUTH LLC
and is duly organized, created and existing under and by virtue
of the laws of the State of Arkansas.
2. The Articles of Organization were filed on:
30TH day of, JANUARY, 2014.
3. The amendment to the Articles of Organization was adopted on:
19TH day of, DECEMBER, 2016.

and is:
THE NAME OF THE LIMITED LIABILITY COMPANY
IS: AGRIPARTNERS LLC
4. If this is a restatement of Articles of Organization, please write
in the words "Restatement of Articles of
"

(present name of your company)

Signature

JIMBO GRIFFIN

Title

ORGANIZER

CERTIFIED COPY