

M18 000000 3211

(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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FILED  
2021 NOV -8 PM 3:00  
SECRETARY OF STATE  
PAID

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HELENA AGRI-ENTERPRISES, 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:

MARGIE FERGUSON

Name of Person

HELENA AGRI-ENTERPRISES, LLC

Firm/Company

225 SCHILLING BLVD., STE. 300

Address

COLLIERVILLE, TN 38017

City/State and Zip Code

FergusonM@HelenaAgri.com

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

For further information concerning this matter, please call:

Margie Ferguson at ( 901 ) 818-6425  
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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

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

2021 NOV -8 PH 3: 00

**SECTION I (1-4 must be completed)**

SECRETARY OF STATE  
TALLAHASSEE, FL

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

State: HELENA AGRI-ENTERPRISES, 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)

2. The Florida document number of this limited liability company is: M18000003211

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 04/03/2018

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

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "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.*

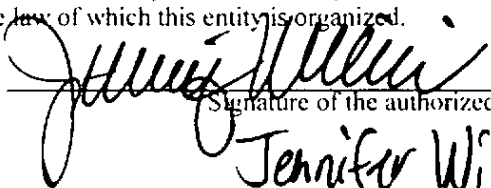
\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

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)(e), indicate that change:  
removing Managers and adding new Managers.

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager	MCCARTY, MIKE	225 SCHILLING BLVD., STE. 300	<input type="checkbox"/> Add
		COLLIERVILLE, TN 38017	<input checked="" type="checkbox"/> Remove
Manager	LEWIS, ROGER	225 SCHILLING BLVD., STE. 300	<input type="checkbox"/> Add
		COLLIERVILLE, TN 38017	<input checked="" type="checkbox"/> Remove
President	COWLING, ERIC	225 SCHILLING BLVD., STE. 300	<input checked="" type="checkbox"/> Add
		COLLIERVILLE, TN 38017	<input type="checkbox"/> Remove
Controller	PHILLIPS, BYRON	225 SCHILLING BLVD., STE. 300	<input checked="" type="checkbox"/> Add
		COLLIERVILLE, TN 38017	<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  
Jennifer Williams  
\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00