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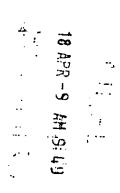
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COVER LETTER

то:	egistration Section ivision of Corporations	
SUBJEC	Bronson 4 Cattle LLC Name of Limited Liability Company	
The encl	sed Articles of Amendment and fee(s) are submitted for filing.	
Please re	rn all correspondence concerning this matter to the following:	
	Dustin Bronson Name of Person	a) Sample Shows Number □ \$60.00 Filing Fee. Certificate of Status &
	Firm/Company	
	3200 Friars Cove Rd. St. Clayd Fl	• •
	St. Cloud FL 34772 City/State and Zip Code Bronson Landand Cattle O gmail.com E-mail address: (to be used for future annual report addition)	
For furth	information concerning this matter, please call:	
_D	Stin Bronson at (407) 399 - 4872 Area Code Daytime Telephone Number	
Enclosed	s a check for the following amount:	
\$25.	Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certified	te of Status &

MAILING ADDRESS:

- 4

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**

Bronson 4	Cattle, LLC	
(Name of the Limited L (A.F.	iability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabil Florida document number <u>LI40@155211</u>	lity Company were filed on 10 6 2014	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
Bronson Land & Cat	He LLC	
The new name must be distinguishable and contain the words	."Immited Clability Company. The designation "LLC" or th	e appreviation "L.L.C.
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		×
(Mailing address MAY BE A POST OFFICE BO.		RP R
		1 0
B. If amending the registered agent and/or	registered office address on our records, ent	ter the name of the nev
registered agent and/or the new registered office	address here:	* 5
		· G
Name of New Registered Agent:		
New Registered Office Address:		_
	Enter Florida street address	
	, Florida	
_	City	Zip Code
New Registered Agent's Signature, if changing Regi	stered 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>	<u>Name</u>	Address	Type of Action
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			Change
			□ Add
			□ Remove
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