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EXAMINER

COVER LETTER

TO: Registration Section Division of Corp				
SUBJECT: Blue Hea	ad Ranch, LLC			
•	(Name of Limi	ted Liability Company)		
•				
The enclosed Articles of A	mendment and fee(s) are subi	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	Yvonne Bunce, Corporate		<u> </u>	
		(Name of Person)	,	
	Atlantic Blue Group, Inc.			
		(Firm/Company)		
	PO Box 1318			
		(Address)		
	Lake Wales, FL 33859-1	1218	•	
	Lake Wales, FL 55055-	(City/State and Zip Code)		
		,		
For further information con	ncerning this matter, please ca	all:		
v 5 5		000 070 0507		
Yvonne Bunce, Corpora (Name of		at (863) 679 9595	elephone Number)	
(Name of	rerson)	(Area Code & Daytime T	etepnone Number)	وبولان تفسة
				arama.
Enclosed is a check for the	following amount:		SSE	(Torresta)
☑ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy:is/enclosed)	San car

MAILING ADDRESS:

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

Blue Head Ranch, LLC		,		
(<u>Name of the Limited Liability</u> (A Florida	Y Company as it now appears on our reco Limited Liability Company)	rds.)		
The Articles of Organization for this Limited Liability Company were filed on April 30, 2002 and				
Florida document number L02000010314	·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company here:			
The new name must be distinguishable and end with the wo "L.L.C."	rds "Limited Liability Company," the desig	nation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDI	RESS)			
Enter new mailing address, if applicable:		SST O		
(Mailing address MAY BE A POST OFFICE BOX)	***************************************	7.0		
		8		
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:				
	(Enter Florida s	street address)		
		orida		
	(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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

Title .	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Ben R. Adams, Jr.	PO Box 1318, Lake Wales, FL 33859	Add Remove
			Add Remove
			Add Remove
			Add Remove
· 		20-110 20-110 11-140 11	Add Remove
		S S S S S S S S S S S S S S S S S S S	
D. If amend	ing any other information, ente	r change(s) here: (Attach additional sheets, if necessary.)**	-
			_
			_
Dated July 1	Signature of d	member or authorized representative of a member	·
	JD Alexander	monitor of authorized representative of a member	
	OD Alexander	Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00