

LO 30 00072047

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

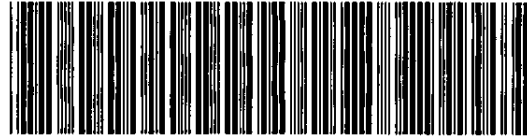
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300260093473

05/13/14--01013--017 \*\*25.00

14 JUN 24 PM 3:43  
TALLAHASSEE, FLORIDA

2454



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 27, 2014

2 BUD RANCH, LLC  
PO BOX 204  
BALM, FL 33503

SUBJECT: 2 BUD RANCH, LLC  
Ref. Number: L03000032047

We have received your document for 2 BUD RANCH, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must have a Florida street address. A post office box is not acceptable.

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

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

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 714A00011382

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

2 Bud Ranch, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 8/26/2003 and assigned  
Florida document number 200180344

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices 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)**

**B. If amending the registered agent and/or registered office 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:**

William Martinez

**New Registered Office Address:**

107 Hickory Creek Blvd.

Enter Florida street address

Brandon

City

Florida

33511

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.*

William Martinez

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
--------------	-------------	----------------	-----------------------

MGRM	Jerry L. Shoop	P.O. Box 204	<input type="checkbox"/> Add
		Balm, Fla. 33503	<input checked="" type="checkbox"/> Remove

MGRM	William Martinez	107 Hickory Creek Blvd	<input checked="" type="checkbox"/> Add
		Brandon, Fla. 33511	<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
--	--	--	---------------------------------

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated June 19, 2014.

William Martinez  
Signature of a member or authorized representative of a member

William Martinez  
Typed or printed name of signee

FILED  
14 JUN 24 PM 3:53  
TALLAHASSEE, FLORIDA