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TO:

Registration Section

Division of Co	rporations			
SUBJECT: Blue He	ead Cattle LLC			÷
SUBJECT: STUDIES		nited Liability Company)	<u> </u>	#
4				
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.		
Please return all correspondent	ondence concerning this matter	r to the following:		
	Vyanna Runaa Carnara	nto Socratory		
	Yvonne Bunce, Corpora	(Name of Person)		
	Allere Ca Di la Cara a la ca		IA S	
	Atlantic Blue Group, Inc	. (Firm/Company)	SEC SEC	77
		(2008 JUL 11 SECRETAR TALLAHASS	وستتنادات
	PO Box 1318		10	1-2-8
		(Address)	T 9 0	I ED
	Lake Wales, FL 33859	-1318	1: 2b STATE FLORIDA	
	,	(City/State and Zip Code)	TIE 26	
For further information of	concerning this matter, please	call:		
Yvonne Bunce, Corpo		at (863) 679 9595		
(Name	of Person)	(Area Code & Daytime Te	lephone Number)	
Enclosed is a check for t	he following amount:			
☑ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclo	sed)
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 Cattle, LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our reco Liability Company)	ords.)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L05000020053</u> .	ny were filed on February 28, 20	and assigned
This amendment is submitted to amend the following:		•
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and end with the words "Lin"L.L.C."	mited Liability Company," the desi	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		TALL.
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		L 10 P 1: 26 ASSEE. FLORIDA
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		s, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	(Enter Florida	street address)
	(Little T to some	
	(City), F	lorida(Zip Code)
	(CHY)	(Zip Coue)

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

MGR = Manager

MGRM = Managing Member **Title** <u>Name</u> **Address** Type of Action MGR Ben R. Adams, Jr. PO Box 1318, Lake Wales, FL 33859 ■ ✓ Add Remove **∏** Add Remove Add **1** Remove Add 🔁 Remove শে Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated July 1 2008 Signature of a member or authorized representative of a member JD Alexander Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00