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FILED 10 JUL 22 PH 1: 47 SECRETARY OF STATE TALLAHASSEE, FLORIDA

> J. BRYAN JUL 23 2010 EXAMINER

Procession of Corporations     Subject:     Subject: </th <th></th> <th></th> <th></th> <th></th>				
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Division of Corporations         SUBJECT:	· · · · _ · · ·		COVER DEFTER	
SUBJECT:				
Name of Limited Liability Company         The enclosed Articles of Amendment and fee(s) are submitted for filing.         Please return all correspondence concerning this matter to the following:         Yvonne Bunce, Corporate Secretary         Name of Person         Atlantic Blue Group, Inc.         FimulCompany         PO Box 1318         Address         Lake Wales, FL 33859-1318         City/State and Zip Code         ybunce@atlanticblue.us         ybunce@atlanticblue.us         Vonne Bunce, Corporate Secretary         Atlants         Address         Lake Wales, FL 33859-1318         City/State and Zip Code         ybunce@atlanticblue.us         Ponsor further information concerning this matter, please call:         Yvonne Bunce, Corporate Secretary       at (863)       679 9595         Name of Person       Area Code & Daytime Telephone Number         Enclosed is a check for the following amount:       S53.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)       S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)         MALLING ADDRESS:       STREET/COURIER ADDRESS:       Registration Section Division of Corporations Cithon Bullding 2011         Poisson of Corporations Return       Section Protecert Cricle    <		PATHTONS		
Name of Limited Liability Company         The enclosed Articles of Amendment and fee(s) are submitted for filing.         Please return all correspondence concerning this matter to the following:	SUBJECT:	Blue He	ead Cattle, LLC	
Please return all correspondence concerning this matter to the following:         Yonne Bunce, Corporate Secretary Name of Person         Atlantic Blue Group, Inc.         Firm/Company         PO Box 1318         Address         Lake Wales, FL 33859-1318         City/State and Zip Code         ybunce @ atlanticblue us         E-mail address: (to be used for future annual report notification)         For further information concerning this matter, please call:         Yvonne Bunce, Corporate Secretary Name of Person         Atta (863)       679 9595         Name of Person         Atta (26 Copy (additional copy is enclosed)       (certificate of Status & Certificate of Status & Certification Section Division of Corporations Pro. Box 63277 Tallahasse, FL 32314       STREET/COURIER ADDRESS: Registration Section Division of Corporations Cithon Building		Name of Limi	ited Liability Company	
Please return all correspondence concerning this matter to the following:         Yonne Bunce, Corporate Secretary Name of Persun         Atlantic Blue Group, Inc.         Prin/Company         PO Box 1318         Address         Lake Wales, FL 33859-1318         City/State and Zip Code         Vorne Bunce, Corporate Secretary         Benefit address (to be used for fluting junual report notification)         For further information concerning this matter, please call:         Yvonne Bunce, Corporate Secretary Name of Persun         ate (863)       679 9595         Name of Persun         Area Code & Daytime Telephone Number         Enclosed is a check for the following amount:         State of Status         Certificate of Status         Certificate of Status         Certificate of Status         Mailtonal copy is enclosed)         Mailtonal copy is enclosed)         Street/COURIER ADDRESS:         Registration Section Division of Corporations Prol. Base 63277 Talibases, ft J2314				
Please return all correspondence concerning this matter to the following:         Yvonne Bunce, Corporate Secretary Name of Person         Atlantic Blue Group, Inc. Firm/Company         PO Box 1318 Address         Lake Wales, FL 33859-1318 City/State and Zip Code         Upunce @ atlanticblue us E-mail address: (to be used for flutine innual report notification)         For further information concerning this matter, please call:         Yvonne Bunce, Corporate Secretary Name of Person         Atta (863)       679 9595         Name of Person         Area Code & Daytime Telephone Number         Explosed is a check for the following amount:       Scond Filing Fee & Certificate of Status & Certificate of Status & Certificate of Status & Certificate copy is enclosed)         MALINC ADDRESS:       Registration Section Division of Corporations P.O. Bxx 6327 Tallahases, FL 32314	The enclosed Articles of	Amendment and fee(s) are sul	hmitted for filing	
<u>Mune of Person</u> <u>Atlantic Blue Group, Inc.</u> Fim/Company <u>PO Box 1318</u> Address <u>Lake Wales, FL 33859-1318</u> City/State and Zip Code <u>Younce @ atlanticblue.us</u> E-mail address:         Wolnes Bunce, Corporate Secretary         Termail address:         (address)         Lake Wales, FL 33859-1318         City/State and Zip Code         Younce @ atlanticblue.us         E-mail address: (to be used for flutine innual report notification)         For further information concerning this matter, please call: <u>Yvonne Bunce, Corporate Secretary</u> at ( <u>863</u> )         Name of Person         at ( <u>863</u> )         Group Filing Fee & Certificate of Status         [] \$25:00 Filing Fee & Certificate of Status         [] \$25:00 Filing Fee         [] \$25:00			_	
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Atlantic Blue Group, Inc.       Firm/Company         PO Box 1318       Address         Address       Lake Wales, FL 33859-1318         City/State and Zip Code       ybunce @ atlanticblue.us         Yourne Bunce, Corporate Secretary       at (863)       679 9595         Name of Person       Area Code & Daytime Telephone Number         Enclosed is a check for the following amount:       S55.00 Filing Fee & Certificate of Status       S55.00 Filing Fee & Certificate of Status         S1255.00 Filing Fee       S30.00 Filing Fee & Certificate of Status       S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)         MAILING ADDRESS:       STREET/COURIER ADDRESS:       Registration Section Division of Corporations P.O. Box 6327 Talbabasee, PL 32314		Yvonne		
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Firm/Company         Implication of Corporations P.O. Box 1318         Address         Address         Lake Wales, FL 33859-1318         City/State and Zip Code         Voluce @ atlanticblue.us         E-mail address: (to be used for fluture annual report notification)         For further information concerning this matter, please call:         Yvonne Bunce, Corporate Secretary         Name of Person         Area Code & Daytime Telephone Number         Enclosed is a check for the following amount:         S25.00 Filing Fee       S30.00 Filing Fee & Certificate of Status       S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)         MAILING ADDRESS:         Registration Section Division of Corporations P.O. Box 6327 Tallabasse, FL 32314		·· — Át	lantic Blue Group, Inc.	
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Yvonne Bunce, Corporate Secretary       at (863)       679 9595         Name of Person       Area Code & Daytime Telephone Number         Enclosed is a check for the following amount:       555.00 Filing Fee & S30.00 Filing Fee & Certificate of Status       S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)         MAILING ADDRESS:       Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314       STREET/COURIER ADDRESS:			e Wales, FL 33859-1318 City/State and Zip Code	PH 1:47 EE, FLORIDA
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Blue Head Cattle, 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 <u>February 28, 2005</u> and assigned Florida document number L05000020053

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 "LLC."

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:	· · · · · · · · · · · · · · · · · · ·			·	
		:			
	Enter Florida street address				
			, Flo	rida	
		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

Page 1 of 2

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

MGR = Manager MGRM = Managing Member

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<u>Title</u>	<u>Name</u>	<u>Addres</u>	<u>s</u>	<b>Type of Action</b>
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	nding any other information President - Kenneth Smi		Attach additional sheets, if i	
	President - Arnold Sarlo	- Add		
Dated	July 19	, 2010		
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		Page 2 of	-	
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