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D. BRUCE

JUN 0 9 2011

EXAMINER

COVER LETTER

TO:	Registration S Division of Co				
SUBJECT: Blue I		Blue He	ead Cattle, LLC		
		Name of Lim	ited Liability Company		
The en	closed Articles of	f Amendment and fee(s) are sul	bmitted for filing.		
Please	return all corresp	ondence concerning this matter	r to the following:		
			Yvonne Bunce Name of Person		
			Name of Person		
		At	lantic Blue Group, Inc.		
			Firm/Company		
		PO Box 1318		A C	
			Address		
		L	ake Wales, FL 33859		SSE CO
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code		
		yb	ounce@atlanticblue.us to be used for future annual report noti	fication)	
For fur	ther information of	concerning this matter, please of	-	meation)	REAL TO
 _		onne Bunce	at (_863)	679 9595	
	Name o	of Person	Area Code & Daytin	ne Telephone Number	
Enclose	ed is a check for t	he following amount:			
\$25.	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	d) Certified	te of Status &
	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUR Registration Section Division of Corpon Clifton Building 2661 Executive Con Tallahassee, FL 32	on orations enter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Company as it now apprinted Liability Company	oears on our records.) y)	
ompany were filed on _	February 28, 2005 and assigned	
_·		
ted liability company	<u>here</u> :	
ds "Limited Liability Con	mpany," the designation "LLC" or the abbreviation	
<u></u>		
ESS)	***	
	AHE SHEET AND	
ered office address o	n our records, enter the name of the nev	
•	Enter Florida street address	
City	, Florida Zip Code	
	ted liability company ds "Limited Liability Con ESS) ered office address of the sessible residue.	

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, 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 Karl Sweeney PO Box 1318, Lake Wales, FL 33859 ☐ Add ✓ Remove MGR David Koon PO Box 1318, Lake Wales, FL 33859 **✓** Add Remove □Add Remove ☐ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary June 3 2011 Dated _ 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