LOS 0000 95013

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APR 3 0 2013

COVER LETTER

TO: Registration Section
Division of Corporations

BILLY JACK FARM, LLC

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:

Stanley Roy

Name of Person

Heritage Tax & Consulting Services, LLC

Firm/Company

10511 Ben C Pratt/Six Mile Cypress Pkwy Ste 102

Address

Fort Myers, Florida 33966

City/State and Zip Code

stan@heritax.biz

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stanley Roy

Name of Person

,,239,482-5455

Area Code & Daytime Telephone Number

Enclosed is a check for the 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 enclosed)

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

BILLY JACK FARM, LLC		
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears or da Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Florida document number L05000095013		
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the l	imited liability company here:	
BILLYJACK'S FARM, LLC		
The new name must be distinguishable and end with the vull.L.C."	words "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		F6 23
(Principal office address MUST BE A STREET AD	DRESS)	
		5537 9 E
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg		records, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	n	73 • 1
	Enter t	Florida street address
	- C:	, Florida
	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 508, 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 <u>Title</u> <u>Name</u> <u>Address</u> Type of Action Remove Remove Remove Remove

. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
• `	
ited	APRIL 25 . 20/3.
	Signature of a member or authorized representative of a member
	Signarure of a metaber or authorized representative of a member Stanley Roy
	Typed or printed name of signee
	•• • • • • • • • • • • • • • • • • • • •
	Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE

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