## L05000096160

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PICK-UP WAIT MAIL			
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(Business Entity Name)			
(Document Number)			
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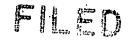


## **COVER LETTER**

TO:

TO: Registration S Division of Co			•	
SURIECT: Florida	Land & Ranches, LL	.C	0	
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The enclosed Articles o	f Amendment and fee(s) are subr	nitted for filing.		
Please return all corresp	oondence concerning this matter	to the following:		
	William MacAlpine			
		(Name of Person)		
	Florida Land & Ranches,	LLC		
		(Firm/Company)		
	325 Corporate Dr Suite 1	00		
		(Address)		
	Portsmouth, NH 03801			
		(City/State and Zip Code)		
For further information	concerning this matter, please ca	all:		
William MacAlpine		at ( 603 ) 433-6655 (Area Code & Daytime T		
(Name	e of Person)	(Area Code & Daytime T	elephone Number)	
Enclosed is a check for	. /			
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	' 1\$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		STREET/COURIER Registration Section Division of Corporation		
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle Tallabassas El 32301		

## ARTICLES OF AMENDMENT TO



ARTICLES OF ORGANIZATION 08 0CT 20 AM 11: 09

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Florida Land & Ranches, 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	y Company were filed on Septembe	r 13, 2005 and assigned
Florida document number L05000096160	·	
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the	e designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office a		cords, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Fl.	orida street address)
	<u> </u>	, 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 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Address** Type of Action **Title** <u>Name</u> MGR Roderick MacAlpine 325 Corporate Dr Suite 100 <u>∎</u> Add Remove Portsmouth, NH 03801 Add
 Add
 Add
 Add
 Add Remove Remove ☐ Add Remove \_ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Ochober 10 Signature of a member or authorized representative of a member William MacAlpine Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00