

LD5000119043

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

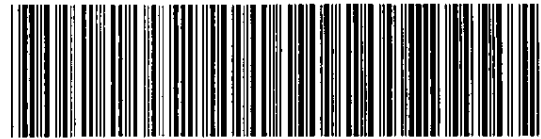
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

wrong form

Office Use Only



200271964902

04/22/15--01007--014 **35.00

FILED
15 MAY 18 AM 11:15
TALLAHASSEE, FLORIDA

Ne

MAY 19 2015

R. WHITE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 29, 2015

STEPHEN WOJCIESZAK
9976 N.E. 104TH TERRACE
OKEECHOBEE, FL 34972

SUBJECT: TRIPLE W OUTDOORS, LLC
Ref. Number: L05000119043

We have received your document for TRIPLE W OUTDOORS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida corporation, but your entity is a Florida limited liability company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II

Letter Number: 315A00008762

RECEIVED
15 MAY 18 PM 2:18
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Triple W Outdoors, 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:

Stephen Wojcieszak
Name of Person
Triple W Outdoors, LLC
Firm/Company
9976 N.E. 114TH Terrace
Address
Okreechobee, FL . 34972
City/State and Zip Code
Kwojczak@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kimberly Wojcieszak at (863) 697-1565
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Triple W Outdoors LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
15 MAY 18 AM 11:15
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12-9-05 and assigned Florida document number LD50.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Triple W Cattle Company, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

9976 NE 104th Terrace
Okaloosa, FL 34972

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

same as above

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:

Stephen Wojcieszak

New Registered Office Address:

9976 NE 104th Terrace

Enter Florida street address

Okaloosa

City

, Florida

34972

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Kim R Wojcieszak	3591 SE Leonard Lane	<input type="checkbox"/> Add
		STUART, FL. 34997	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Timothy S. Wojcieszak	11349 NE 51 ST Court	<input type="checkbox"/> Add
		Okeechobee, FL 34972	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Kimberly Wojcieszak	9976 NE 104 TH Terrace	<input checked="" type="checkbox"/> Add
		Okeechobee, FL 34972	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

1.)

E. Effective date, if other than the date of filing: _____ **(optional)**

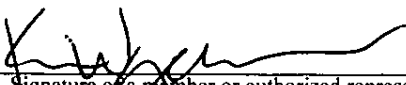
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 5-13, 2015



Signature of a member or authorized representative of a member

Kim WOJCIESZAK

Typed or printed name of signee