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| (F | Requestor's Name) | |
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| (A | \ddress) | |
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| (A | Address) | |
| (| City/State/Zip/Phone #) | |
| _ | | |
| PICK-UP | . WAIT | MAIL |
| | | |
| (E | Business Entity Name) | |
| | Document Number) | |
| (L | ocument Number) | |
| Certified Copies | Certificates of S | Status |
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| Special Instructions t | o Filing Officer: | |
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Office Use Only

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

| TO: Registration Section ' Division of Corporations |
|---|
| SUBJECT: Name of Limited Liability Company SUBJECT: UAME Change. 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: |
| RICHARD L. BOND. |
| Ricochet CATILe LLe |
| 6800 NW 135 to AUE. |
| MORRISTON FIA. 32669 City/State and Zip Code |
| Bondo FIA @ GMAIL. Com E-mail address: (to be used for luture annual report notification) |
| For further information concerning this matter, please call: |
| Name of Person at 35 342 - 1288 Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status Certificate of Status (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

Rick's AMERICAN COSES, RICOCHET CATTLE UC (Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

| | N / P Enter Flo | orida street address |
|---|--|--|
| registered agent and/or the new registered office | NIA | |
| | | |
| D. If amonding the projectural agent and/an | registered office address on our re e address here: | cords, enter the name of the new |
| (Mailing address MAY BE A POST OFFICE BO | <u> </u> | <u></u> |
| Enter new mailing address, if applicable: | • • • • | |
| | | |
| (Principal office address MUST BE A STREET A | (IDDRESS) | |
| Enter new principal offices address, if applicable | e: <u>N/A</u> | |
| "L.IC." | ie words "Limited Liability Company," to | e designation T.L.C. or the appreviation |
| The new name must be distinguishable and end with the | ITLE, LLC | 70. |
| A. If amending name, enter the new name of the | | SEE 1 |
| This amendment is submitted to amend the following | ing: | THE STATE OF THE S |
| | 136 F | ES IN THE |
| The Articles of Organization for this Limited Liabi Florida document number <u>LO 7-000/00</u> | 、つ / ユ | |

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 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** Add Remove Add Remove Add Remove Add Remove Add Remove Add

Remove

| If an | nending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| ed | |
| | |
| | Signature of a member or authorized representative of a member |
| | RICHARD L. BON'S MERM |

Page 3 of 3

Filing Fee: \$25,00