## 208000053132

(Requestor's Name)	
(Address)	
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( identified)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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S. PRATHER

## **COVER LETTER**

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CHARLES AND COME	WR LLc	₹ .	•
	Name of Lir	nited Liability Company	<del></del>
The enclosed Ar	ticles of Amendment and fee(s) are sul	bmitted for filing.	
Please return all	correspondence concerning this matter	r to the following:	
	Scott Bowen		
		Name of Person	<del></del>
		Firm/Company	
	15114 Carlton Lk RD		
		Address	
	Wimauma Fl. 33598		
	sbowen17@tampabay.ri	City/State and Zip Code	
	E-mail address:	(to be used for future annual report notif	leation)
For further infor	mation concerning this matter, please	cali:	
Scott Bowen		813 634-6395	
	Name of Person	Area Code Daytime	: Telephone Number
Enclosed is a ch	eck for the following amount:		
□ \$25.00 Filin	g Fee \$\Bigcup \$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

BTWR LLC		•
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records. Liability Company)	· ·
The Articles of Organization for this Limited Liability Company  Torida document number L08000053132	were filed on May 29th 2008	and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	ility company here:	
Bowens Cattle Farm LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Bowens Cattle Farm LLC	
Principal office address MUST BE A STREET ADDRESS)	15114 Carlton Lk RD	
	Wimauma FI 33598	
Enter new mailing address, if applicable:	Same as Above	
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Fnter Florida street address	<del></del>
		· • .
	, Flor	nda 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>	Address	Type of Action
AMBR	Yenny Bowen	15114 Carlton Lk RD	
		Wimauma Fl. 33598	□ Remove
			☐ Change
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			☐ Change

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(21) 3	July 31st, 2018					
Signature of a member or authorized representative of a member	1		<u> </u>			
Signature of Emember or authorized representative of a member		(211		• · · · · · · · · · · · · · · · · · · ·		
		Signature of Sime	unter or authorized	representative of a n	nember	

Page 3 of 3

Filing Fee: \$25.00