L08000113374

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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JUN 1 1 2019 I ALBRITTON

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: RA 6	TER 3 CATE	TIF LLC	
	TER 3 CATT Name of Lim	ited Liability Company	<u> </u>
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	KENNETH	M. BAKER Name of Person	
		Firm/Company	
	1125 5	TROUPE RP. Address	
	<u> Kissinne</u>	E FL: 34744 City/State and Zip Code	····-
	K. Baker 19 E-mail address: (47 @ T.C./ou.D., Com- to be used for future annual report notif	ication)
For further information co	ncerning this matter, please co	all:	
KEN BAK	Person	at (<u>407</u>) <u>791 · 3</u> 0 Area Code Daytime	OQ0 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section
Division of Corporations
P.O. Box 6327 Tallahassec, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, Fl. 32301



May 14, 2019

KENNETH M. BAKER 1125 STROUPE RD KISSIMMEE, FL 34744

SUBJECT: RAFTER 3 CATTLE, LLC

Ref. Number: L08000113374

We have received your document for RAFTER 3 CATTLE, LLC and your check(s) totaling \$61.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited Partnership, but your entity is a 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.

Irene Albritton Regulatory Specialist II

SECREMENT OF PHIZE I

Letter Number: 519A00009742

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limite	d Liability Company as it now a A Florida Limited Liability Compa	ppears on our records.)			
	A Florida Limited Liability Compa	any)			
The Articles of Organization for this Limited Lia	ability Company were filed o	n 12.11.20c	8	_ and assig	gned
Florida document number <u>Lo 8 000 113</u>	374				
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liability compar	ny here:			
The new name must be distinguishable and contain the wo	ords "Limited Liability Company,"	the designation "LLC" of	or the abbres	riation "L.L	C."
Enter new principal offices address, if applica	ıble:				
(Principal office address MUST BE A STREE)	TADDRESS)			2	
			<u>=}</u>	<u> </u>	
				يَسَيَ	
Enter new mailing address, if applicable:				5	
(Mailing address MAY BE A POST OFFICE I	<u></u>		<u> </u>	797	<u> </u>
				=	
				30	
B. If amending the registered agent and/or the new registered off	~	s on our records,	enter the	name o	f the new
registered agent and/or the new registered on	ice address nere.				
Name of New Registered Agent:					
New Registered Office Address:					
New Registered Office Address.	Ente	er Florida street address			
		, Flor	ida		
	City			Zip Code	
New Registered Agent's Signature, if changing R	egistered Agent:				

ivew Registeren Agent's Signature, it changing Registeren 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

Title	Name	Address	Type of Action
MGR	BAKER, DAVIO B	1059 NASA DR	Add
		CELEBRATION FL 347	<u>47</u>
			Change
M GR.	BAKER, FRANCES J.	1125 STROUPE RD	Add
		Kissimmer, FL. 34799	Remove
			Change
			🗆 Add
			Remove
			Change
			🗆 Add
		-	□ Remove
			Change
			🖸 Add
			□ Remove
			🗆 Change
			🗆 Add
			□ Remove
			☐ Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe Note: 1	ce date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	6.6.2019
	2019 X mt m. Bak Signature of a member or authorized representative of a member
	KENNETH M. BAKER Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00