

LOG000058198

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(Address)

(Address)

(City/State/Zip/Phone #)

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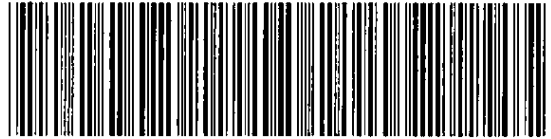
(Business Entity Name)

(Document Number)

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09/04/24--01003--002 **55.00

R. HUNT

5/10/24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DOUBLE R FENCING AND FARM 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:

WESLEY L. LANE
Name of Person

DOUBLE R FENCING AND FARM LLC
Firm/Company

7277 CH RD 249
Address

LIVE OAK, FL 32060
City/State and Zip Code

DOUBLE R - FARMS@M11YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WESLEY at (386) 209-1459
Name of Person Area Code Daytime 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) ☐ \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

DOUBLE R FENCING AND FARM 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 Company were filed on 6/14/2009 and assigned Florida document number LO900058198

This amendment is submitted to amend the following:

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

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) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

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: WESLEY LAWTON LANE

New Registered Office Address: 7277 CH RD 249
Enter Florida street address

LIVE OAK Florida 32060
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 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>
<u>REGISTERED AGENT</u>	<u>RYAN BUTLER</u>	<u>7277 CHY RD 249 LIVE OAK FL. 32060</u>	<input type="checkbox"/> Add
		<u>7277 CHY RD 249 LIVE OAK FL. 32060</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
REGISTERED AGENT	ASHLEY		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>RYAN BUTLER</u>		<input type="checkbox"/> Add
		<u>7277 CHY RD 249 LIVE OAK FL. 32060</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>ASHLEY BUTLER</u>	<u>7277 CHY RD 249 LIVE OAK FL. 32060</u>	<input type="checkbox"/> Add
		<u>7277 CHY RD 249 LIVE OAK FL. 32060</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>REGISTERED AGENT</u>	<u>WESTLEY L. LANE</u>	<u>7277 CHY RD 249 LIVE OAK FL. 32060</u>	<input checked="" 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.)*

PLEASE REMOVE RYAN & ASHLEY BULLER
AS REGISTERED AGENT AND REPLACE WITH
WESTLEY LAWTON LANE.

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 8/29/ 2024.

Ashley Buller

Signature of a member or authorized representative of a member

ASHLEY BULLER

Typed or printed name of signee

Filing Fee: \$25.00