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WHO'S GETS

COVER LETTER

TO: Registration Division of C	n Section Corporations	,
Johnson SUBJECT:	n Legacy, LLC	
	Name of Limited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are submitted for filing.	
Please return all corre	espondence concerning this matter to the following:	
	Cheri Johnson Wright	
	Name of Person	
	Cheri Johnson Wright, P.A.	
	Firm/Company	
	Address	
	Winter Haven, Florida 33880	2015 MAY
	City/State and Zip Code cheri@cherijohnsonwright.com	Service Servic
	E-mail address: (to be used for future annual report notification)	
For further information	on concerning this matter, please call:	F 53 = 1
Cheri Johnson Wrigh	at ()	28
Nan	me of Person Area Code Daytime Telephone Num	nber
Enclosed is a check for	or the following amount:	
■ \$25.00 Filing Fee	Certificate of Status Certified Copy Certified Copy Certified Copy Certified Copy Certified Copy is enclosed)	O Filing Fee, ficate of Status & fied Copy fonal 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

JOHNSON LEGACY, LLC				
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	<u> </u>		
The Articles of Organization for this Limited Liability Company Florida document number L09000087862	y were filed on SEPTEMBER 10, 2009	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lial	bility company here:			
CATTLE BROTHERS, LLC				
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the	abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	154 AVENUE H., SE			
Principal office address MUST BE A STREET ADDRESS)	SUITE: CB			
	WINTER HAVEN, FL 33880			
Enter new mailing address, if applicable:	154 AVENUE H., SE	ZOIS HA		
(Mailing address MAY BE A POST OFFICE BOX)	SUITE:CB	20 S Promi		
	WINTER HAVEN, FL 33880	(T)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.		r the name of the ne		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	. <u>Name</u>		<u>Address</u>	Type of Action
MGR	STEVEN R. WRIGHT, II	_	154 AVENUE H., SE SUITE 5, WI	■ Add
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				□ Remove
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Note	tive date, if other than the date of filing: May 27, 2015 (options fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fill If the date inserted in this block does not meet the applicable statutory filing requirements, this denent's effective date on the Department of State's records.	al) ing.) Pursi ate will r	uant to not be	605.0207 (listed as t
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.ne 90th day after the record is filed.	n. on th	ne ea	rlier of:
) Ih				
	May 27, 2015.			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00