## U10000035400

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T. CLINE

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**EXAMINER** 

## **COVER LETTER**

TO:	Registration Section Division of Corp.			* · · · · · · · · · · · · · · · · · · ·
SUBJE				
30 201	<u></u>		Ranch Meats, LLC ted Liability Company	
The en	closed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please	return all correspond	dence concerning this matter	to the following:	
			Toni Carter	
			Name of Person	
		CartWheel Ranch Meats, LLC		
			Firm/Company	
			PO Box 57365	2010 APR 26 SECRETAR'S TALLAHASS
			Address	R 26 R 26 HASS
		Ja	acksonville, FL 32241	
		City/State and Zip Code		TO THE
			wheelranch@gmail.com to be used for future annual report notification	OF STATE EE, FLORID
For fur	ther information cor	ncerning this matter, please c	·	
	To	oni Carter	at ( 904 ) 874	1-7502
	Name of I	Person	Area Code & Daytime Tel	ephone Number
Enclose	ed 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)
	Registrat	IG ADDRESS: ion Section	STREET/COURIER A	
	Division P.O. Box	of Corporations	Division of Corporation Clifton Building	ns
		see, FL 32314	2661 Executive Center	Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	CartWheel Ranch Meats, LL	.C	
( <u>Nam</u>	e of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for	this Limited Liability Company were filed on	April 1,2010	and assigned
Florida document number	L10000035400		
This amendment is submitted to	amend the following:		
A. If amending name, enter the	he new name of the limited liability company he	<u>re</u> :	
		· · - · · ·	75 20
The new name must be distinguish "L.L.C."	nable and end with the words "Limited Liability Comp	any," the designation "I	To or the abbreviation
Enter new principal offices ad	dress, if applicable:		SEE O
(Principal office address MUS)	T BE A STREET ADDRESS)		mg 3
			86 <b>09</b>
Enter new mailing address, if	applicable:		
(Mailing address MAY BE A P	OST OFFICE BOX)		
	ed agent and/or registered office address on	our records, <u>enter t</u>	he name of the new
registered agent and/or the ne	w registered office address here:		
Name of New Register	red Agent:		
New Registered Office			
	Er	nter Florida street add	ress
		, Florida	
	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 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Type of Action Title** <u>Name</u> **Address** Toni Carter ✓ Add ☐ Remove Mgrm 10448 Docksider Dr E Jacksonville, FL 32257 Scott Wheeler Mgr 10795 Russell Sampson ☐ Add ✓ Remove Jacksonville, FL 32259 **∐**aRemove Remove  $\prod$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) April 22 2010 Dated \_\_ Signature of a member or authorized representative of a member Toni Carter Typed or printed name of signee

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Filing Fee: \$25.00