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JAN 09 S. PRATHER

COVER LETTER

Division of Cor	porations		
SUBJECT:	5+ Lucie Ca. Name of Limi	HHE LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Andr	Name of Person	
	5+ 60	icie Cattle LLC Firm/Company	
	28200	SW Martin Hh	<i>) Y</i>
	Okeechok	city/State and Zip Code	4
	StLucie ca t E-mail address: (1	HERAWCH E9ms to be used for future annual report not	a) /. com fication)
For further information co	oncerning this matter, please ca	all:	
Andre o	SANCHE Z Person	at (<u>561</u>) <u>248</u> Area Code Daytim	c Telephone Number
Enclosed is a check for the	ne 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)

TO:

Registration Section

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

St Lucie Cottl	E LLC	
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our reco Liability Company)	<u>rdv.</u>) - 29
The Articles of Organization for this Limited Liability Company	were filed on $5/17/.$	2010 and assigned
Florida document number <u>L/000053433</u>	/ /	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	9 3 3
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "Ll	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	28200 SW M	ARTIN HWY
(Principal office address MUST BE A STREET ADDRESS)	OKEEchobee,	FL 34974
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	28200 SW 1 Okecchobee	Martin Hwy , FL 34974
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ente</u>	er the name of the new regis
Name of New Registered Agent:	NURES SANCHES	&
	00 SW Martin Enter Florida street addi	
Okec	chobee 1	Florida <u>34974</u> Zip Code
	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>	Type of Action
MGR	ANDRES SANCHEZ	28200 SW Martin HWY Okeechobee, FL 34974	Add
			□Remove
			Z Change
MGRM AMBR	Tracey SANCHEZ	10227 Pittman Road	□ Add
A MIBIC		SARASOTA, FL 34240	XIRemove
			□Change
			□Add
			□Rетюче
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effective date is listed, the date e: If the date inserted in thi ument's effective date on th	must be specific a is block does no	and cannot be prior to of meet the applicab		han 90 days after filir	ng.) Pursuant to 605.0
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cord specifies a delayed effe	ective date, but r	not an effective time	e, at 12:01 a.m. on t	he earlier of: (b)	The 90th day after
s filed.				,-	_
4.					, , , , , , , , , , , , , , , , , , , ,
ed November	23	2024	_ •		ζ*
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			zed representative of a	mumb.r:	 ;