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T. BROWN

#### **COVER LETTER**

TO: Registration Section
Division of Corporations

BIECT 2D Land & Cattle Limited Liability Company

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:

# Svend Dieffenbach

Name of Person

2D Land & Cattle Limited Liability Company

Firm/Company

10103 SE 154th Ave

Address

White Springs, FL 32096

City/State and Zip Code

svenddieffenbach.sd@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Svend Dieffenbach

ູ, 386、234-170*1* 

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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

All May Street To Barbara Stre

### 2D Land & Cattle Limited Liability Company

(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 w	ere filed on 08/23/2010	and assigned
Florida document number L10000088252		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ty company here:	
The new name must be distinguishable and end with the words "Limited Liabili	ty Company," the designation "LL	.C" 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 here:	ce address on our record	s, enter the name of the new
Name of New Registered Agent:	<del></del>	
New Registered Office Address:		
	Enter Florida street addre.	ss.
	, FI	orida
N. D. M. C. M. C. M. D.	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree	1 2 2	

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

AMBR = Au <u>Title</u>		Addross	Two of Action
marm	Name BRANDT DIEFFENBACH	10103 SE 154TH AVE	Type of Action  □ Add
		WHITE SPRINGS, FL 3209	
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. If amendir	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(The effective	ate, if other than the date of filing: (optional) date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after document is filed by the Florida Department of State)
Dated 04	/30/2014
	MAL
-	Signature of a member or authorized representative of a member
	SVEND DIEFFENBACH
_	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00