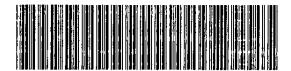
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	(Requestor ; Name)			
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SECRETARY OF STATE

2011 MAR 28 PM 4: 10

J. SAULSBERRY EXAMINER MAR 2 9 2011

COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	Wells M	lud Ranch, LLC		
		ited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sul	bmitted for filing.		
Please return all corresp	condence concerning this matter	r to the following:		
		John A. Webb		
		Name of Person		
	McKenz	zie, Woolery & Webb, P.S	.C.	
		Firm/Company		# 2
1932 Carter Avenue, P.O. Box 1554		554	2011 MAR 28 SECRETAR)	
		Address		AHAR I
	As	shland, KY 41105-1554		
		City/State and Zip Code		PMI
	john	awebb@windstream.net		PM 4: 16 OF STATE ELFLORIDI
For further information	E-mail address: (concerning this matter, please of	to be used for future annual report no	tification)	TE 6
roi futuei information	concerning this matter, please of	caii.		
J	ohn A. Webb	at (_606_)	324-7147	<u>.</u>
Name	of Person	Area Code & Dayt	ime 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 enclos	ed) Certified	te of Status &
		•		
Regis Divis P.O. 1	stration Section ion of Corporations Box 6327 hassee, FL 32314	STREET/COUI Registration Sect Division of Corp Clifton Building 2661 Executive (Tallahassee, FL	orations Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wells Mud	Ranch, LLC			
(<u>Name of the Limited Liability Com</u> (A Florida Limited	<mark>pany as it now app</mark> d Liability Compan	ears on our records.) y)		
The Articles of Organization for this Limited Liability Compa	ny were filed on _	January 18, 201	1 and assig	ned
Florida document numberL11000007605				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited list	ability company l	here:		
	id Ranch, LLC			
The new name must be distinguishable and end with the words "Li "L.L.C."	mited Liability Con	npany," the designation	"LLC" or the ab	breviation
Enter new principal offices address, if applicable:			2011 I	
(Principal office address MUST BE A STREET ADDRESS)			AND A	
Enter new mailing address, if applicable:			28 PM 4 16 ARY OF STATE SSEE, FLORID	Constant of the Constant of th
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		n our records, <u>enter</u>		the new
Name of New Registered Agent:	,			<u>.</u>
New Registered Office Address:		Fig. 1	11	
	•	Enter Florida street ad	aress	
		, Florida	7: 0	
	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 Changing Registered Agent, Signature of New Registered Agent

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

MGR = Man MGRM = M	ager anaging Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add
	·		Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ing any other information, enter chan	nge(s) here: (Attach additional sheets, if necessary.)	2011
		AHASSEE	~ ∞ ; "
_		FLORIO A	PM 4: 16
Dated	<u>3/12</u> , _2	2011	
	LIWL Signature of a memb	per or authorized representative of a member	
	;	Shannon L. Wells	

Page 2 of 2

Filing Fee: \$25.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wells Mud F	Ranch, LLC	
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on or Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Company	were filed onJanua	ary 18, 2011 and assigned
Florida document numberL11000007605		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Iron Horse Mud	l Ranch, LLC	•
The new name must be distinguishable and end with the words "Lim" L.L.C."	ited Liability Company," th	e designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		AR 2
Enter new mailing address, if applicable:		8 PH 4:
(Mailing address MAY BE A POST OFFICE BOX)		97 *:
Manual mantes MIII BE MI OST OF THE BOAY	7.40111	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		cords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	P.,, F)	rida street address
	Enter Flo	riaa sireet aaaress
	City	, 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 Changing Registered Agent, Signature of New Registered Agent

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

MGR = Ma MGRM = I	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			— · · · · · · · · · · · · · · · · · · ·
			□ Damoua
			Add Remove
			Add Remove
			AddRemove
D. If amen	ding any other information	enter change(s) here: (Attach additional sheet	ts, if necessary.) ALLARET ARET
			R 28 PM 4: 10 TARY OF STATE A\$SEE FLORID
Dated	3/22	, 2011 .	16 10 ₂
	Signatu	liwil. The of a member or authorized representative of a member of	mber
	3	Shannon L. Wells	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00