

L11000116442

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

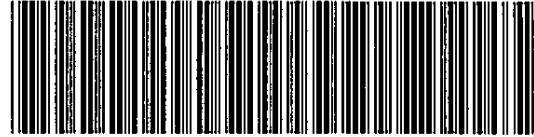
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 OCT -3 PM 2:30

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K. SALY

OCT -6 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KIRKLAND CATTLE COMPANY, LLC.

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:

KAREN CARBAJAL

Name of Person

KIRKLAND CATTLE COMPANY, LLC.

Firm/Company

305 FLORATAM TRAIL

Address

NEW SMYRNA BEACH, FL 32168

City/State and Zip Code

Karencarb305@gmail.com

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

For further information concerning this matter, please call:

Karen Carbajal

Name of Person

at (386)

Area Code

527-1759

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**

KIRKLAND CATTLE COMPANY, LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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2016 OCT -3 PM 2:30
CLERK OF CIRCUIT COURT
ATLANTA, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on OCTOBER 11, 2011 and assigned Florida document number L11000116442.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

305 FLORATAM TRAIL

NEW SMYRNA BEACH, FL 32168

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

305 FLORATAM TRAIL

NEW SMYRNA BEACH, FL 32168

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

KAREN CARBAJAL

New Registered Office Address:

305 FLORATAM TRAIL

Enter Florida street address

NEW SMYRNA BEACH


City

, Florida 32168

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>	<u>Type of Action</u>
AMBR	KAREN CARBAJAL	305 FLORATAM TRAIL	<input checked="" type="checkbox"/> Add
		NEW SMYRNA BEACH	<input type="checkbox"/> Remove
		FLORIDA 32168	<input type="checkbox"/> Change
AMBR	FRANCISCO CARBAJAL	305 FLORATAM TRAIL	<input checked="" type="checkbox"/> Add
		NEW SMYRNA BEACH	<input type="checkbox"/> Remove
		FLORIDA 32168	<input type="checkbox"/> Change
MGRM	KIRKLAND SOD, INC.	4328 STATE ROAD 44	<input type="checkbox"/> Add
		NEW SMYRNA BEACH	<input checked="" type="checkbox"/> Remove
		FLORIDA 32168	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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20 OCT 3 PM 2:30
CLERK OF COURT
PALM BEACH, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 03-13-2008 BY 60322
2006 OCT -3 PM 2:30

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 9-30, 2016

Karen Carney
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

KAREN CARBAJAL

Typed or printed name of signee