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236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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i.	Cattle Guard Forms.com, L				 		
2.	(CORPORATE NAME AND DOCUM	ENT#)					
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SPECIA	L INSTRUCTIONS:				 		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CATTLE GUARI	D FORMS.COM, L	LC	
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appear Liability Company)	s on our records.)	
he Articles of Organization for this Limited Liability Company	were filed on	October 18, 2011	and assigned
lorida document number L11000118857			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :	
ne new name must be distinguishable and contain the words "Limited Liabil	lity Company," the de	signation "LLC" or the abb	previation "L.L.C."
nter new principal offices address, if applicable:	2077 South Jeffe	erson Highway	
Principal office address MUST BE A STREET ADDRESS)	Monticello, FL 3	2344	
			
nter new mailing address, if applicable:	2077 South Jeffe	rson Highway	
Auiling address MAY BE A POST OFFICE BOX)	Monticello, FL 3	2344 :	. 7?
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			0.2
If amending the registered agent and/or registered of gistered agent and/or the new registered office address here		our records, enter. I	the name of the
	-		8.
Name of New Registered Agent:	····	<u></u>	. c.
New Registered Office Address:			
-	Enter Florid	da street address	
	··	, 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 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

Title	<u>Name</u>	Address	Type of Action
Manager	RICHARD ROCCANTI	4381 Kimberly Circle	Add
		Tallahassec, FL 32309	Remove
			Change
Manager	JAMES HOENSTINE	1227 Archangel Way	
		Tallahassee, FL 32317	
			Change
			☐ Remove
			Change
	 	.	□ Add
			Remove
			SEE DAME CO.
			□ Change
			Add
			Remove
			□ Change

Page 3 of 3

Typed or printed name of signee

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