

L12000082495

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 AUG 25 AM 9:06

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Natures Hand Cattle Co, 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:

Carolyn Hand
Name of Person
Natures Hand Cattle Co. LLC
Firm/Company
2024 Hwy 179 N
Address
Westville FL 32464
City/State and Zip Code
carolyn@natureshandcattle.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carolyn Hand at (850) 217-6945
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

Nature's Hand Cattle Co., LLC

(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 were filed on 6/21/2019 and assigned
Florida document number L12000062495

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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17 AUG 25 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

New Registered Office Address:

Carolyn Hand

2004 Hwy 179A

Westville

City

Florida

32464

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.

Carolyn Hand

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>
MGRG	Carolyn Hand	2024 Hwy 179A Westville FL 32464	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGRG	Joe J. Hand	2024 Hwy 179A Westville FL 32464	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGRM	Jeanne S. Hand	2024 Hwy 179A Westville FL 32464	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
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This image shows a single page from a notebook or ledger. It features ten evenly spaced, horizontal blue ruling lines across its entire width. The lines are thin and consistent in color. There is no handwriting, printed text, or other markings on the page. The background is a uniform off-white or light cream color.

(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)

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

May 15 2017

5 0017
Candace Hunt

Signature of a member or authorized representative of a member

Signature of a member or authorized representative
Carolyn Hand
Typed or printed name of signatory

Typed or printed name of signee