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SECRETARY OF STATE
ATTACH ANASSEE, FLORIDA

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T SCHROEDER

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: AR	Bar Ranch Name of Limi	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	<u>Jame</u>	S ONKINS Or Name of Person	
	AR Bark	Firm/Company	·
	PO 10	332 Address	
	Brooksvillar	City/State and Zip Code City/State and Zip Code On the White annual report notified to be used for future ann	211.com
For further information co	E-mail address: (to		cation)
	TOKINS JV	ar (357, 279)	-0907
Name of			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 Tallahassec, 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

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	y were filed on 8/8/20	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	24440 Mon	
Principal office address MUST BE A STREET ADDRESS)	12noKsville, 1	FL 34001
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Po Box 103 Brooksville,	32 FL 34603
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he	_	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	8: 8 31416 08 316 08 31
<u></u>	, Florid	
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	SANDRAR ADKINS-	POBOX 10332 Brook=vilk, FL 34603	🗅 Add
	1 60000	Brooksv.14, FL 34603	Remove
			Change
MGR	James Apkins In	24440 MonDon Hill	DAAdd
		Brooksville, EL 34601	_ □ Remove
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ective date, if other effective date is listed, te: If the date inserte ument's effective da	ed in this block do	es not me	et the appli	cable statut	ining or more u	nan 90 days a			
record specifies he 90th day afte			te, but n	ot an effe	ective time	, at 12:0	1 a.m. or	the	earlier
cd	R	 ;	2019	<u>. </u>					

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Filing Fee: \$25.00