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FILED 2024 NOV 22 AM 8: 32



COVER LETTER

LC CATI	TLE, LLC					
SUBJECT:Name of Limited Liability Company						
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
	Lazaro Caballero					
	Name of Person					
	LC CATTLE, LLC					
	Firm/Company					
	4901 NW 240th Street					
	Address					
	Okeechobee, FL 34972					
	City/State and Zip Code					
	lazarocaballero@aol.com	to be used for future annual report noti	Control of the contro			
For further information	concerning this matter, please c		neation)			
Lazaro Caballero		863				
Name of Person		at () Area Code Daytim	e 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		Street Address: Registration Sec				

Registration Section

TO:

Registration Section Division of Corporations

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LC CATTLE, LLC	•
(Name of the Limited	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)
The Articles of Organization for this Limited Lia	bility Company were filed on 09/20/2012 AH 8: 32
Florida document number 46-0943977	100 ZZ AM 8: 32
Tiorida document nameet	TALL STATE
This amendment is submitted to amend the follow	SECRETAL OF STATE WING: TALLAHASSEE.FL
A. If amending name, enter the new name of t	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicat	ble:
(Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE B	(OX)
B. If amending the registered agent and/or re-	gistered office address on our records, enter the name of the new register
agent and/or the new registered office address	
Name of New Registered Agent:	
Trume of the witten to get the state of the	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zin 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 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	Lazaro Caballero	4901 NW 240th Street	
		Okeechobee, FL 34972	□Remove
			■ Change
MEM Amber Campbe	Amber Campbell	4901 NW 240th Street	
		Okeechobee, FL 34972	70
			□Add
			🗀 Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			Change
			□Add
			Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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. 2024 November 14 Signature of a member or authorized representative of a member Lazaro Caballero Typed or printed name of signee