L12000158057

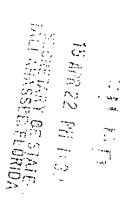
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900271964449

04/22/15--01009--016 **55.00



4 Senivore APR 3 0 mg

Kimball K. Ross, Esq.

Attorney At Law 1 Oceans West Blvd. #8B3 Daytona Beach Shores, Fl. 32118 Tel. 386- 566-1902 Fax 386-304-7293

Corporations	ction Division of			
SUBJECT: Stormy Ra	nnch, LLC., a Florida limited li Name of Limit	iability company ted Liability Company		
	Amendment and fee(s) are subm		urn	
	Kimball K. Ross, Esq.			
		Name of Perso	n	-
	Same	Firm/Compan	у	_
	i Oceans West Blvd. #8B3	Address		_
	Daytona Beach Shores, Fl. 321	18		
		City/State and Zip	Code	-
	kkross@att.net E-mail address: (t	o be used for future annual re	eport notification)	
For further information c	oncerning this matter, please cal	1:		
Kimball K. Ross Name o	of Person	at (386 Area Code	566-1902 Daytime Telephone Numbe	er
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	x\$55.00 Filing Fee & Certified Copy (additional copy is enclo	osed) Certifie	ate of Status &

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	STORMY	'RANCH, LLC.	
(Name of the Lim	ited Liability Cor (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited L Florida document number L12000158097	Liability Compa	ny were filed on December 19, 2012	and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited li	ability company here:	
RC87 Ranch, LLC.			
The new name must be distinguishable and end with the	words "Limited I	liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli-	cable:	N/A	
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	BOX)	<u> </u>	
B. If amending the registered agent and registered agent and/or the new registered of	d/or registered	office address on our records, <u>ente</u>	r the name-of the ne
Name of New Registered Agent:	N/A		35 N 12.
New Registered Office Address:			
		Enter Florida street address	SALE SALE
		, Florida	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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	Anager Authorized Member		
Title	Name	Address	Type of Action
N/A 	N/A	N/A	Add
			Remove
			Remove
			□ Add
			□ Remove
			□ Add
			Remove
			Add
			☐ Remove
			Remove

N/A	,	
The effective date must I	her than the date of filing: on filing be specific, cannot be prior to date of receipt or filed of stilled by the Florida Department of State)	(optional) date and cannot be more than 90 days after
The effective date must I the date this document i	ner than the date of filing:	
The effective date must I the date this document is	pe specific, cannot be prior to date of receipt or filed of state) s filed by the Florida Department of State) , 2015	date and cannot be more than 90 days after
The effective date must I the date this document i	be specific, cannot be prior to date of receipt or filed of stilled by the Florida Department of State)	date and cannot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

SECREDARY OF STATE
DALLAHASSEEL FLORID