

L13000004182

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

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2017 FEB 16 P 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

FEB 20 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rafter S 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:

Kristina Clemons
Name of Person

Firm/Company
27328 NW 256th St
Address

Okeechobee FL 34972
City/State and Zip Code

Clemonscattle@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristina Clemons at (813) 697-1193
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

TO
ARTICLES OF ORGANIZATION
OF

Rafter S 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 1/8/2013 and assigned
Florida document number L13000004182

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)

Samuel Clemons
28641 NW 160 Dr
Okeechobee, FL 34972

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Samuel Clemons
28641 NW 160 Dr
Okeechobee, FL 34972

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:

Samuel Clemons

New Registered Office Address:

28641 NW 160 Dr

Enter Florida street address

Okeechobee

City

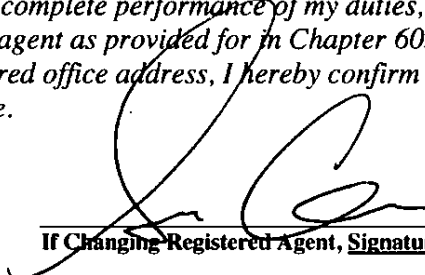
Florida

34972

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

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JAN 15 2013
CLERK OF STATE
FLORIDA
3:51

MGR = Manager
AMBR = Authorized Member

MGRM Kristina Clemons 27328 NW 256th St		☐ Add
	Okeechobee FL 34972	☒ Remove
		☐ Change
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2017 SEP 15 10:51 AM
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

We are removing Kristina Clemons
and leaving only Samuel Clemons

E. Effective date, if other than the date of filing: 2/8/2017 (optional)

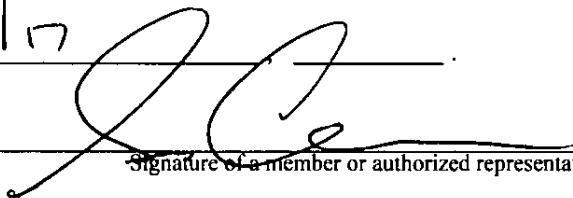
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

Dated

2/8/17



Signature of a member or authorized representative of a member

Sam Clemons

Typed or printed name of signee

2017 FEB 15 PM 3:51
CLERK OF STATE
TALLAHASSEE, FLORIDA

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