L13000041182

(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

800295412008

02/16/17--01012--025 **25.00

FILED
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 (863) 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, **Florida** 34972
*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**

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
3:51

**or removed from our records:**

**MGR = Manager**
**AMBR = Authorized Member**

| Title | Name | Address | Type of Action |
|---|---|---|---|
| MGRM | Kristina Clemons | 27328 NW 256th St | ☐ Add |
| | | Okeechobee FL 34972 | ☒ Remove |
| | | | ☐ Change |
| | | | ☐ Add |
| | | | ☐ Remove |
| | | | ☐ Change |
| | | | ☐ Add |
| | | | ☐ Remove |
| | | | ☐ Change |
| | | | ☐ Add |
| | | | ☐ Remove |
| | | | ☐ Change |
| | | | ☐ Add |
| | | | ☐ Remove |
| | | | ☐ Change |
| | | | ☐ Add |
| | | | ☐ Remove |
| | | | ☐ Change |

FILED
2011 FEB 15 P 3:51
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

FILED
2017 FEB 15 P 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



**Filing Fee: $25.00**