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T. PASSELVENT

COVER LETTER

TO:, Registration Sec Division of Corp			
SUBJECT: VLC	FORY LAND A	AND CATTLE ed Liability Company	LIC
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	DESITE	e J. Cicale	
	Victory	CAND AND Firm/Company	CATTLE LLC
	925 SE	EAN ROAD Address	
	MOLIN	City/State and Zip Code rai/S 247@ Cobe used for future annual report not	<u>20 32577</u>
	E-mail address: (to	be used for future annual report not	ification)
For further information co	ncerning this matter, please ca	all:	
RESIR!	EE CicAle	at (850) 417 - i Area Code & Dayti	728 me Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy	■\$60.00 Filing Fee, Certificate of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VICTORY LAND AN	D CATTLE LL	1
. (Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our reco Liability Company)	<u>rds.</u>)
The Articles of Organization for this Limited Liability Company	were filed on 06/05	•
Florida document number <u>L 13060 0 81363</u> .		7013 NOV SECRET
This amendment is submitted to amend the following:		W-6
A. If amending name, enter the new name of the limited liab		ma s m
RED BULL CATTL	E COMPANY !	LLC FIS = 0
The new name must be distinguishable and end with the words "Lim "L.L.C."	ited Liability Company," the design	nation "LLQ for the abbreviation
Enter new principal offices address, if applicable:	NO CHANGE	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	NO CHANGE	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		enter the name of the new
Name of New Registered Agent:	Ø	
New Registered Office Address:		
	Enter Florida st	reet address
	, Flo	orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u> </u>	
I hereby accept the appointment as registered agent and agent the provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	plete performance of my duties, provided for in Chapter 608, F	, and I am familiar with and F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: NO OTHER CHANGE THAN NAME: MGR = Manager MGRM = Managing Member Type of Action <u>Title</u> <u>Name</u> **Address** Remove

 Add
Remove

D. If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	NO OTHER CHANGES T
	1
-	
_	
Dated C	CTOBER 24, 2013.
	Overeie J. Cécale
	Signature of a member or authorized representative of a member DESIREE J. CICALE
	Typed or printed name of signee
	- · · · · · · · · · · · · · · · · · · ·

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Filing Fee: \$25.00

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