

L1300081651

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

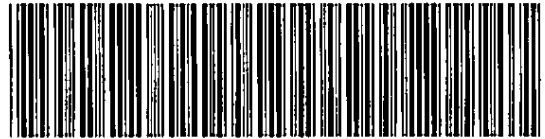
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NOV 09 2020  
10:11 AM  
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2020 OCT -2 PM 4:26

FILED

NOV 09 2020

S. YOUNG

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: B-BAR BUSTER CATTLE, 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:

ERIC MACEY CYPRESS, MANAGER, PRESIDENT, TREASURER

\_\_\_\_\_  
Name of Person

B-BAR BUSTER CATTLE, LLC

\_\_\_\_\_  
Firm/Company

30290 JOSIE BILLIE HWY PMB 234

\_\_\_\_\_  
Address

CLEWISTON, FL 33440

\_\_\_\_\_  
City/State and Zip Code

CYPRESSEMC249@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ERIC CYPRESS

863 233-3613  
at ( )

\_\_\_\_\_  
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 Address:**

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**

B-BAR BUSTER CATTLE, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**FILED**  
2020 OCT -2 PM 4:28  
CLERK OF CIRCUIT COURT  
JUDICIAL CIRCUIT IN AND FOR  
DADE COUNTY, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 06/05/13 and assigned  
Florida document number L13000081651.

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**)* \_\_\_\_\_

Enter new mailing address, if applicable: \_\_\_\_\_

*(Mailing address **MAY BE A POST OFFICE BOX**)* \_\_\_\_\_

**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: ERIC MACEY CYPRESS

New Registered Office Address: 30290 JOSIE BILLIE HWY PMB 160

Enter Florida street address

CLEWISTON, Florida 33440

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.*

*Eric M. Cypress*

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	<u>Type of Action</u>
MGR	ERIC MACEY CYPRESS	30290 JOSIE BILLIE HWY PMB 160	<input checked="" type="checkbox"/> Add
		CLEWISTON, FL 33440	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	EILEEN CYPRESS	30290 JOSIE BILLIE HWY PMB 214	<input checked="" type="checkbox"/> Add
		CLEWISTON, FL 33440	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	ALVIN BUSTER, JR.	30290 JOSIE BILLIE HWY PMB 610	<input checked="" type="checkbox"/> Add
		CLEWISTON, FL 33440	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ESTHER BUSTER	30290 JOSIE BILLIE HWY PMB 234	<input type="checkbox"/> Add
		CLEWISTON, FL 33440	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: \_\_\_\_\_ (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 SEPTEMBER 23 2020

Eric M. Cyron  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

ERIC MACEY CYPRESS, MANAGER

Typed or printed name of signee

**Filing Fee: \$25.00**