L13000107677

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T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

LITARD KNOT RANCH, 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:

FRANK G. FINKBEINER, ATTY.

Name of Person

Firm/Company

108 HILLCREST STREET

Address

ORLANDO, FL 32801

City/State and Zip Code

frank@fgfatlaw.com

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

For further information concerning this matter, please call:

Frank G. Finkbeiner

_{at} 407 \ 42300

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

LITARD KNOT RANCH, LLC

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

SECRILLED

ALLAHASSEF, OF STATE
ONINA The Articles of Organization for this Limited Liability Company were filed on July 30, 2013 and assigned Florida document number L13000107677 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 end with 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: New Registered Office Address: Enter Florida street address , Florida City 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	THOMAS RENISON, JR.	P.O. BOX	
		3700 RENISON ROAD	■ Remove
		KENANSVILLE, FL 3473	39
MGR	DUANE S. OWEN	P.O. BOX 700006	■ Add
		ST. CLOUD, FL34770	□ Remove
		·	Add
	,		☐ Remove
			□ Add
			□ Remove
		•	
			Add
			Remove
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			Add
			Remove

if amending any other information, enter change(s) here:	(Attach additional sheets, if necessary.)
<u> </u>	
Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or filed the date this document is filed by the Florida Department of State)	(optional) id date and cannot be more than 90 days after
Dated FEBRUARY 21 2014	
Juane & Down	
Signature of a member or authori DUANE S. OWEN	zed representative of a member
Typed or printed	name of signee

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Filing Fee: \$25.00