Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN J2 CATTLE COMPANY, LLC

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Corporate Filing Menu

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COVER LETTER

TO:	Registration Se Division of Cor	porations		
or in tr	J2 CATH	E COMPANY, LLC		
SUBJI	BUI:	E COMPANY, LLC	ited Liability Company	
		Amendment and fee(s) are sub	-	
		Cheyenne Moseley		
			Name of Person	
		Legalzoom.com, Inc.		
			Firm/Company	
		100 W. Broadway Suite	100	
			Address:	error faralli di Allifoniani ancesano productiva e e e e e e e e e e e e e e e e e e e
		Glendale, CA 91210		
			City/State and Zip Code	··
		jbass39@hotmail.com		
		E-mail address: (to be used for future annual report notific	cation)
For fur	ther information co	oncerning this matter, please co	all:.	
Imeld	la Vasquez		323 962-8600 ex at (). Daytine:	t 7950
	Name o	Person.	Area Code Daytine:	Telephone Number
Enclos	ed is a check for th	ne following amount:		
□ \$ 2:	5.00 Filing-Fee	S30.00 Filing Fee.&. Certificate of Status	S\$5.00 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
Tallahassoc, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J2 CATTLE COMPANY, LLC	
Name of the Limited	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab Florida document number 1/15000100404	oility Company were filed on 06/09/2015 and assigned and assigned
This amendment is submitted to amend the follow	ring:
A. If amending name, <u>enter the new name of tl</u>	he limited liability company here:
The new name must be distinguishable and end with the wo	ords "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicab	ole:
(Principal office address MUST BE A STREET)	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u>7x)</u>
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our records, enter the name of the note address here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zin 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

Page 1 of 3

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>	Address	Type of Action
AMBR	Jacqueline Bass.	8661 Center St.	Ð Add
		Okecchobee, FL 34974	☐ Remove
			□ Add
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			□ Add. □ Remove
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To:	P	age	6	of	6

7/22/2015 10:32:35 AM PDT

13239628300 From: Amanda Sando

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Effective (The effective the date t	te date, if other than the date of filing:
Dated	07/21/2015
	Lue V Fin
	Signature of a member or authorized representative of a member
	Joel W Bass

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Filing Fee: \$25.00

2016 JUL 22 A 9:00