L15000135469

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(Document Number)
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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO;	Registration Se Division of Cor			
SURIE		e Company, LLC	. •	
SUBJE	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ro	eturn all correspo	ndence concerning this matter	to the following:	
		Austin Sigety		
			Name of Person	
		28411 Cattle Company, LI	LC	
			Firm/Company	
		3225 S. Macdill Ave.		
			Address	
		Tampa, FL 33629 #129-23	6	
			City/State and Zip Code	<u>. </u>
		billing@frogmorefresh.com		
		E-mail address: (to be used for future annual report not	ification)
For furth	her information e	oncerning this matter, please c	ail:	
Austin S	Sigety		813 416-0526 at ()	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclose	d is a check for th	ne following amount:		
■ \$25	i.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 S		<u>Street Address:</u> Registration Se	ection
Division of Corporations		Division of Co	rporations	
	P.O. Box 632		The Centre of	
	Tallahassee, l			be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

28411 Cattle Company, LLC		
(Name of the Limiter	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia	bility Company were filed on 8-7-2015	and assigned
Florida document number L15000135469		
his amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
Principal office address MUST BE A STREET	ADDRESS)	
		SEC 2022
		AUG RETT
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE B	<u> </u>	- SSSE T
···		
		F I I
B. If amending the registered agent and/or re	gistered office address on our records, enter the	name of the new register
agent and/or the new registered office address	s nere:	
N		
Name of New Registered Agent:		
New Registered Office Address:	P. 17 11 11 11 11 11	
	Enter Florida street address	
	, Floric	
	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 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>	Type of Action
Secretary	Shannon Miltner	3225 S. Macdill Ave	≡ Add
		Tampa, FL 33629	□Remove
		· · · · · · · · · · · · · · · · · · ·	
			□ Add
			[]Remove
			Change
			□Add
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(If an effe <u>Note:</u> 1	ve date, if other than the ective date is listed, the date n If the date inserted in this ent's effective date on the	he date of filing: nust be specific and cannot block does not meet the	applicable statutory filing r	(optional) than 90 days after filing.) Pursuant to equirements, this date will not be	o 605.0207 (3)(t listed as the
f the record		tive date, but not an effe	ective time, at 12:01 a.m. on	the earlier of: (b) The 90th day	after the
Dated_	July 21st	$a \cdot \frac{2022}{4}$! 		
	/1		_		
		Signature of a member	or authorized representative of	a member	_

Typed or printed name of signee