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## **COVER LETTER**

TO:

**Registration Section** 

Division of Corporations
SUBJECT: ROCKING OX CATTLE COMMON UC  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:
Cameron Cox  Name of Person  Rolling on Cattle Conpany LLC  Fim/Company  LADO 18t St SW  Address  VEW Black & 32968  City/State and Zip Code  ASh 18y (0x 5920 @ gmail.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ASNUY CIR at (772) 559-8112  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) \$\Bigcup \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

· · · · · · · · · · · · · · · · · · ·		<u></u>
( <u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number <u>L150001559</u>	y Company were filed on 09 14 12015	_ and assigned_
This amendment is submitted to amend the following	; ;	
A. If amending name, enter the new name of the I  Rocking Ox Compa  The new name must be distinguishable and contain the words "I		reviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe agent and/or the new registered office address here		of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	-
	. Florida	
<del></del>	City	Zip Code
New Registered Agent's Signature, if changing Registe	ered 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 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
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