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COVER LETTER

TO:	Registration S Division of Co			
SUBIR	AB CATT			
SUBJE.			nited Liability Company	
The enc	closed Articles of	Amendment and fee(s) are sub	unitted for filing.	
Please r	return all correspo	ondence concerning this matter	to the following:	
		MYRON H. ALBRITTON	· ·	
			Name of Person	
		AB CATTLE, LLC		
			Firm/Company	
		700 WM ALBRITTON RO	OAD	
			Address	
		Venus, FL 33960		
		shcila_a7@yahoo.com	City/State and Zip Code	
		E-mail address: ()	to be used for future annual report notif	ication)
For furth	her information c	oncerning this matter, please ca	dl:	
Myron	II. Albritton		863 441-3062	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed	d is a check for th	ne 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**

AB CATTLE, LLC		
(<u>Name of the Limited Liability Con</u> (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	ny were filed on September 14, 2015	and assigned
Florida document number L15000156436		
his amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited li</u>	ability company here:	
the new name must be distinguishable and contain the words "Limited Lie	ability 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		
3. If amending the registered agent and/or registered registered agent and/or the new registered office address h		er the name of the
Name of New Registered Agent:		
New Registered Office Address:		
· · · · · · · · · · · · · · · · · · ·	Enter Florida street address	
	, Florida	Zip Code

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>	Name	<u>Address</u>	Type of Action
MGR	Paul E. Albritton	700 WM Albritton Road	
		Venus, Fl, 33960	■ Remove
			Change
		·	☐ Remove
			Change
			_ _ _ _ _ _ _ _ _ _ _ \
			□ Remove
			☐ Change
			Add
			Remove
			Change
			Remove
			Change Change
			DY Thenove
			— □ Change

amending any other information, ente	Tenange(s) nere: {.mac/ntotans//mas	
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	<u> </u>	
	 	
fective date, if other than the date of find effective date is listed, the date must be specified: If the date inserted in this block does not determine the date inserted in the Department of the Department of the date on the Department of the date of the Department of the date of the Department of the date of the day after the record is file.	ot meet the applicable statutory filing requ of State's records. e date, but not an effective time,	tirements, this date will not be listed as
icil June 30	<u>2017</u>	
	,	
Signature o	Fa member or authorized representative of a m	iember
Myton H. Albritton	f a member or authorized representative of a m	. T
Signature o	f a member or authorized representative of a management of a management of signee	· —

Filing Fee: \$25.00