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SEP JARRIS

COVER LETTER

TO: Registration S Division of Co					
MORENO SUBJECT:	O RANCHES BRAHMAN CATTLE COMPANY LLC				
Name of Limited Liability Company					
The enclosed Articles of	of Amendment and fee(s) are submitted for filing.				
Please return all correspondence	pondence concerning this matter to the following:				
	YANIET M. SANTOS				
	Name of Person				
	MORENO RANCHES BRAHMAN CATTLE COMPANY LLC				
	Firm/Company				
	17 VIRGINIA CIRCLE				
	Address				
	VENUS, FL 33960				
	City/State and Zip Code				
	RYAN@BEASLEYBRYANTCPA.COM				
	E-mail address: (to be used for future annual report notification)				
For further information of	concerning this matter, please call:				
RYAN BEASLEY, CPA					
Name o	of Person at (
Enclosed is a check for t	the following amount:				
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status				

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

MORENO RANCHES BRAHMA (Name of the Lim	IN CATTLE COMPANY LLC ited Liability Company as it now appe (A Florida Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited I		MAY 19 2016 and assi	gned
Florida document number L16000098207	•		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability company	<u>nere</u> :	
he new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L	C."
Enter new principal offices address, if appli	cable:		.
Principal office address MUST BE A STREET ADDRESS)		<u> </u>	[
Enter new mailing address, if applicable:	 	<u> </u>	स्थाना । सम्बद्धाः
(Mailing address MAY BE A POST OFFICE BOX)		13.00 L	
		~ X	
B. If amending the registered agent and egistered agent and/or the new registered of New Registered Agent:	9		f the
Name of New Registered Agent.	40.40.001/my/mon// p.n///F		
New Registered Office Address:	4940 SOUTHFORK DRIVE Enter Fl	orida street address	
	LAKELAND	, Florida 33813	
	City	, Florida	

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 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 = A	AMBR = Authorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			Add	
			Remove	
			Change	
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amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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ın effec	e date, if other than the date of filing: (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a t's effective date on the Department of State's records.
reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
	Oth day after the record is filed.
ited _	July 9, 2016.
	Signature of a member of authorized representative of a member
	YANIET M. SANTOS, MANAGING MEMBER
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00