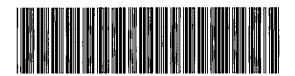
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(Re	equestor's Name)	·
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

Division of Co					
	Y LAND RANCH, LLC				
SUBJECT: Name of Limited Liability Company					
The enclosed Articles of	f Amendment and fee(s) are subr	nitted for filing.			
Please return all corresp	ondence concerning this matter t	to the following:			
	W. Scott Newbern				
	delication and the state of the	Name of Person			
	W. Scott Newbern, PL				
		Firm/Company			
	2982 Giverny Circle				
		Address			
	Tallahassee, Florida 32309				
		City/State and Zip Code			
	wsnewbern@msn.com	to be used for future annual report notif	aution)		
For further information	concerning this matter, please ca		caton		
Laureano Serrano		305 586-2442			
Name	of Person	at () Area Code Daytime	Telephone Number		
Enclosed is a check for	the 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 radditional 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

(Name of the Limited I. (A.F	iability Compa Florida Limited I	ny as it now appears on our rec liability Company)	cords.)
The Articles of Organization for this Limited Liabil Florida document number L16000098219	lity Company	were filed on 05/19/2016	and assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liab	ility company here:	
ETERNITY CATTLE CO., LLC			
The new name must be distinguishable and contain the words	s "Limited Liabil	lity Company," the designation "	LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	e:	19520 168th Street	
(Principal office address MUST BE A STREET ADDRESS)		Live Oak, Florida 32060	0. 1
			<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		19520 168th Street	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
		Live Oak, Florida 32060	
B. If amending the registered agent and/or registered agent and/or the new registered office			ords, enter the name of th
Name of New Registered Agent:	W. Scott Newb	ern	
New Registered Office Address:	W. Scott Newb	ern, PL, 2982 Giverny Cir.	
		Enter Florida street aa	ldress
<u>.</u> _	Tallahassee		. Florida <u>32309</u>
		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. Thereby 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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Laureano Serrano		
			□ Remove
		19520 168th Street, Live Oak, FL:	■ Change
AMBR	Carlos Abreu	19520 168th Street, Live Oak, FL	■ Add
			☐ Remove
			☐ Change
AMBR	Francisco Luango	19520 168th Street, Live Oak, FL	
			☐ Remove
			Change
			■ Add
			Remove
			Change
	•	•	□ Remove
		,	Change
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			Change

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Filing Fee: \$25.00