L16000/06703

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COVER LETTER

TO:	Registration Se Division of Cor						
CUD IE		LAND RANCH I, LLC					
SUBJECT: Name of Limited Liability Company							
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please re	eturn all correspo	ndence concerning this matter	to the following:				
		W. Scott Newbern					
			Name of Person				
		W. Scott Newbern, PL					
			Firm/Company				
		2982 Giverny Circle					
			Address	· · · · · · · · · · · · · · · · · · ·			
		Tallahassee, FL 32309					
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·			
		wsnewbern@msn.com					
		E-mail address: (1	to be used for future annual report notifi	ication)			
For furth	er information co	oncerning this matter, please ca	all:				
W. Scot	t Newbern		850 591-1707 at ()				
	Name of	f Person	Area Code Daytime	Telephone Number			
Enclosed	l 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

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18 JUL 10 AH 7: 46

ETERNITY LAND RANCH I, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liab	ility Company w	ere filed on 06/01/201	6	and assigned
Florida document number L16000106703	.			
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	ne limited liabili	ty company here:		
The new name must be distinguishable and contain the word	ds "Limited Liability	Company," the designation	on "LLC" or the abbrev	riation "L.L.C."
Enter new principal offices address, if applicab	le:			
(Principal office address MUST BE A STREET)	ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u>DX)</u>			
B. If amending the registered agent and/or registered agent and/or the new registered offic Name of New Registered Agent:	N.P	ce address on our t	ecords, <u>enter the</u>	name of the new
New Registered Office Address:				
New Registered Office Address.		Enter Florida stree	et address	
			. Florida	
		City	Florida	Zip Code
New Registered Agent's Signature, if changing Reg	istered Agent:			
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the reg company has been notified in writing of this ch	and complete p red agent as pr gistered office a	erformance of my du ovided for in Chaptei	ties, and I am fami r 605, F.S. Or, if ti	iliar with and his document is

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>	Address	Type of Action
MGR	NICA RANCH, LLC	19520 168th Street	
		Live Oak, FL 32060	■ Remove
			Change
MGR	BOREAL RANCH, LLC	19520 168th Street	Add
		Live Oak, FL 32060	□ Remove
		 	Change
			Add
			Remove
		 	
			Add A
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Effective	date, if other th	an the date of	filing: _				(optio	nal)	
Note: If	ve date is listed, the d the date inserted in	this block does	not meet	the applica					
document	's effective date or	the Departmer	nt of State	's records.					
no recor	d specifies a de	aved effect	ive date	hut no	an effect	ive time	ıt 12:01 a	m on the ea	rlier o
)th day after th	record is f	iled.	, but no	. an enecc	ive time, a	10 12.01 a	.iii. oii the ea	ine o
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