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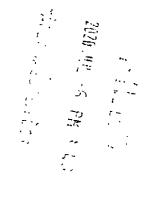
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## **COVER LETTER**

TO:

Registration Section

Division of Corporations	
SUBJECT: MAGNUM OPUS Name of	FARM & RANCH CONSULTING, LLC.
The enclosed Articles of Amendment and fee(s) are Please return all correspondence concerning this ma	-
April M	Name of Person
Magnum (	Opus Farm: Ranch Consulting, LLEC
1722 CI	Address T
Ven Board	City/State and Zip Code
For further information concerning this matter, pleas	s: (to be used for future annual report notification)
April Milicwic  Name of Person	at (868) 414-3700 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Magnum Dous Farm: (Name of the Limited Liability Compa	Land Consulting,	LLC.
(Name of the Limited Liability Compa (A Florida Limited)	Liability Company)	
The Articles of Organization for this Limited Liability Company florida document number <u>L1600162760</u> .	were filed on <u>8130/201</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab  Machum Dous Land Clearing  The new name must be distinguishable and contain the words "Limited Viabi	· · · · · · · · · · · · · · · · · · ·	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		<u> </u>
		2 
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·	
Mailing address MAY BE A POST OFFICE BOX)		
		7. · · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:	<del>-</del> -	
New Registered Office Address:	Enter Florida street address	
	, Flori	
	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, 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	Address	Type of Action
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