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. (Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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J. HARRIS

COVER LETTER - . .

то:	Registration Section Division of Corporations
SUBJE	CCT: Bumby Road Farm, hh
The end	closed Articles of Amendment and fee(s) are submitted for filing.
Please r	return all correspondence concerning this matter to the following:
	Richmond E. Pouncey !!
	Bumpy Road Farm, Lhe
	192 Deer Ridge Trail
	Tallahassee FL 32312 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For furt	ther information concerning this matter, please call:
R	ich Pouncey at (850) 491-1405 Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:
\$25	5.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$ Certified Copy (additional copy is enclosed) \$\Bigcup \$60.00 Filing Fee, 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

Name of the Limited Liabil	lity Company as it now appears on o	ur records.)	
The Articles of Organization for this Limited Liability of Florida document number 416 00018149	Company were filed on Sept	# 27, 2016 and assign	ned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company here:		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C	
(Principal office address MUST BE A STREET ADD	RESS)		
		ĺŽ.	77.54
	***************************************	APR	10.14
Enter new mailing address, if applicable:		<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		>	2.5
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		<u>N</u>	
B. If amending the registered agent and/or reging registered agent and/or the new registered office add		records, enter the name of	the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida str	cet address	
		, Florida	
	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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	MARIA Isabel Pourcey	192 Deer Ridge Trail	
	,	192 Deer Ridge Trail Tallahassee, FL 32312	Remove
			Change
	Carlos Esquivel Pourcey	7135 North Eppressway 77/8 Olmito, Texas	, <u>23</u> □ Add
	•	Olmito, Texas	Remove
			Change
			□ Remove
			Change
			Add
			□ Remove
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ted _	Lichard & Pouncey TI	_ = ==
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ited	Signature of a member of authorized representative of a member Rich Mond E. Pouncey III	17 APR I

Page 3 of 3

Filing Fee: \$25.00