## 1/7000032855

| (Requ                       | estor's Name)   |           |
|-----------------------------|-----------------|-----------|
| (Addre                      | ess)            |           |
| (Addr                       | ess)            |           |
| (City/s                     | State/Zip/Phone | · #)      |
| PICK-UP                     | WAIT            | MAIL      |
| (Busin                      | ness Entity Nam | ne)       |
| (Docu                       | ment Number)    |           |
| Certified Copies            |                 | of Status |
| Special Instructions to Fil | ing Officer:    |           |
|                             |                 |           |
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ZORETARY OF STATE

S Warren MAR 03 2017

## **COVER LETTER**

|                  | tration Sec   |   | •   |   |
|------------------|---------------|---|---|---|
| SUBJECT:         | ALL A         | ROUND TRACTOR LLC                               |   |   |
| SUBJECT: _       |               | Name of Lim                                     | ited Liability Company  | <del></del>   |
| The enclosed A   | Articles of A | mendment and fee(s) are sub                     | mitted for filing.  |   |
| Please return a  | ll correspon  | dence concerning this matter                    | to the following:   |   |
|                  |               | Gregory Hamilton                                |   |   |
|                  |               |   | Name of Person  |   |
|                  |               | ALL ARQUND TRACTO                               | R LLC   |   |
|                  |               |   | Firm/Company  | <del></del>   |
|                  |               | PO BOX 1597                                     |   |   |
|                  |               |   | Address   |   |
|                  |               | Crystal River, FL 34423                         |   |   |
|                  |               |   | City/State and Zip Code   |   |
|                  |               | allaroundtractor7@yahoo.co                      |   |   |
|                  |               | E-mail address: (                               | to be used for future annual report notifi                          | ication)  |
| For further info | ormation co   | ncerning this matter, please ca                 | all:  |   |
| Donna Hamilto    | on            |   | 352 795-5755<br>at ()   |   |
|                  | Name of       | Person  | Area Code Daytime   | Telephone Number  |
| Enclosed is a c  | heck for the  | following amount:                               |   |   |
| □ \$25.00 Fili   | ing Fee       | ☐ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

| ALL AROUND TRACTOR LLC                                     | •  |                                   |                    |
|--|--|-----------------------------------|--------------------|
| (Name of the Limited I<br>(A F                             | iability Company as it now as lorida Limited Liability Compa | pears on our records.)<br>any)    | <del></del>        |
| The Articles of Organization for this Limited Liabil       | lity Company were filed or                                   | n FEBRUARY 10 2017                | and assigned       |
| Florida document number L17000032855                       | ·  |                                   |                    |
| This amendment is submitted to amend the following         | ng;  |                                   |                    |
| A. If amending name, enter the new name of the             | e limited liability compar                                   | ıy here:                          |                    |
| The new name must be distinguishable and contain the words | "Limited Liability Company,"                                 | the designation "LLC" or the abbi | eviation "L.L.C."  |
| Enter new principal offices address, if applicable         | e:   |                                   |                    |
| (Principal office address MUST BE A STREET A               | DDRESS)  |                                   |                    |
|  |  |                                   |                    |
|  |  |                                   |                    |
| Enter new mailing address, if applicable:                  |  |                                   |                    |
| (Mailing address MAY BE A POST OFFICE BO.                  | <u></u>  |                                   |                    |
|  |  |                                   |                    |
| B. If amending the registered agent and/or                 | ronictored affine address                                    | e on our records enter t          | he name of the new |
| registered agent and/or the new registered office          |  | s on our records, enter t         | ne name of the new |
|  |  |                                   |                    |
| Name of New Registered Agent:                              |  |                                   |                    |
| New Registered Office Address:                             |  |                                   |                    |
| -  | Ente   | r Florida street 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 = Authorized Member

| <u>Title</u>                           | <u>Name</u>      | Address               | Type of Action |
|--|------------------|-----------------------|----------------|
| AMBR/OWNER                             | Gregory Hamilton | 7875 N Triana Dr      | Add            |
|  |                  | Citrus Spgs, FL 34434 | ☐ Remove       |
|  |                  |                       | Change         |
| MGR                                    | Donna Hamilton   | 7875 N Triana Dr      | □ Add          |
|  |                  | Citrus Spgs, FL 34434 | ☐ Remove       |
|  |                  |                       | ■ Change       |
|  |                  |                       | Add            |
|  |                  | <del></del>           | Remove         |
|  | <del></del>      | ☐ Change              |                |
| ************************************** | <u> </u>         |                       | Add            |
|  |                  |                       | Remove         |
|  | <u></u>          | ☐ Change              |                |
|  |                  |                       | Add            |
|  |                  |                       | Remove Change  |
|  |                  |                       | Remove         |

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|  | AMARIA   |                            |                        | *************************************** |
|  |  |                            |                        |   |
|  |  |                            |                        |   |
| etive date, if other than the date offective date is listed, the date must be If the date inserted in this block ment's effective date on the Department specifies a delayed ef e 90th day after the record  | does not meet the applicate timent of State's records.  Flective date, but not | ole statutory filing requi | irements, this date wi | ill not be liste                        |
| February 28  | 2017   |                            |                        |   |
|  | . A.   | - <i>'</i>                 | 2011 MAR<br>SECRET     | 71                                      |
| , v  | / / Tammery  |                            |                        | grind Service                           |
| - Significant of the significant | nature of a member or authori  | ized representative of a m | ember SAR              | m                                       |

Filing Fee: \$25.00