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## **COVER LETTER**

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Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

A BAR L,	LLC	ı	
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JAMIE ATHERTON	•	
		Name of Person	
	EUGENE E. WALDRON,	, JR., P.A.	
		Firm/Company	
	124 NORTH BREVARD	AVENUE	www.
		Address	
	ARCADIA, FL 34266		
		City/State and Zip Code	~
	EWALDRON@EEWJ.CO		
	E-mail address: (	to be used for future annual report notifi	ication) GD GD
For further information c	oncerning this matter, please c	all:	int Park
JAMIE ATHERTON		863 494-432	
Name o	f Person		Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registr	ING ADDRESS: ration Section on of Corporations	STREET/COURIE Registration Section Division of Corpora	1

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A BAR L, 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 Liability Company were filed on JULY 17, 2017 and assigned Florida document number L17000152735 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: A BAR L RANCH, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  $\alpha$ Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AGR =	Manager	
MBR =	Authorized	Member

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	Signature of a member or author	nized representative of a	nember	

Page 3 of 3

Filing Fee: \$25.00