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| (Requestor's Name) |
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| (Address) |
| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
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| (Duisses Estimates) |
| (Business Entity Name) |
| |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



08/04/18--01010--022 *+25.00



COVER LETTER

| TO: Registration Section Division of Corporations | | |
|--|---|---|
| SUBJECT: REKING Name of Limited | Ranch LLC Liability Company | |
| The enclosed Articles of Amendment and fee(s) are submitted | ted for filing. | |
| Please return all correspondence concerning this matter to the | he following: | |
| Elizabet | h Kirkland Name of Person | <u>. </u> |
| ROLE Kir | Kland Ranch L | LC. |
| 7955 Hans | dcart Rd Address | |
| Zephyrhills | FI 33544 City/State and Zip Code | |
| E-mail address: (to be | a ol Com e used for future annual report notification) | |
| For further information concerning this matter, please call: | | |
| Elizabeth Kirkland Name of Person | at (<u>813</u>) <u>714 - 3810</u> Area Code Daytime Teleph | one Number |
| Enclosed is a check for the following amount: | | |
| \$25.00 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

•

| (Name of the Limited Liability (A Florida Liability) | Company as it now appears on our records.) imited Liability Company) |
|--|---|
| The Articles of Organization for this Limited Liability Com | npany were filed on <u>3-5-18</u> and assigned |
| Florida document number <u>L 18000057243</u> | } |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited | d liability company here: |
| The new name must be distinguishable and contain the words "Limited | d 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 ADDRES | <u>ss)</u> |
| | |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| B. If amending the registered agent and/or register registered agent and/or the new registered office address Name of New Registered Agent: New Registered Office Address: | Enter Florida street address Florida |
| | City Zip Code |
| provisions of all statutes relative to the proper and com accept the obligations of my position as registered agen | d agree to act in this capacity. I further agree to comply with the aplete performance of my duties, and I am familiar with and nt as provided for in Chapter 605, F.S. Or, if this document is office address, I hereby confirm that the limited liability |

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 = Ma $AMBR = Au$ | nager thorized Member | | |
|----------------------|--------------------------|--|----------------|
| <u>Title</u> | Name | Address | Type of Action |
| AMBR | Annaskirkland | 2860 Quay Dock Rd. Vero Beach, Fl 32967 | Add |
| | | Vero Beach, Fl 32967 | Remove |
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| fective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date of filing or mo ote: If the date inserted in this block does not meet the applicable statutory filing cument's effective date on the Department of State's records. | | |
| record specifies a delayed effective date, but not an effective tin The 90th day after the record is filed. | me, at 12:01 a.m. on th | ne earlier c |
| ted to June 1. 2018. | | |
| Elizabeth Kukland Signature of a member or authorized representative of | f a member | |
| Elizabeth Kirkland Typed or printed name of signee | | |

Page 3 of 3

Filing Fee: \$25.00