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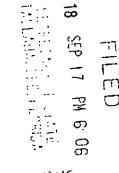
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COVER LETTER

TO: Registration Section Division of Corpora			
	ar Camp	Ranch LLC ited Liability Company	
The enclosed Articles of Ame	endment and fee(s) are sub	nitted for filing.	
Please return all corresponder	nce concerning this matter (to the following:	
-	Jade	- Wauch Nume of Person	
-	Sugar	Camp Ranch	
-	5675W	Cumorah Hill	St
-	Fort Wh	ite F1. 3203	8
_		no ranche gmail co	
For further information conce	rning this matter, please ca	II:	
Jack W	aush	at (<u>386</u>) <u>438</u> -	3440
Enclosed is a check for the fo		Area Code Dayling	гесернове миност
	1 \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	☐ S60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	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

Sigar Camp	Ranch Ll	LC
(Name of the Limited Liability (A Florida L	Company as it now appear imited Liability Company)	s on our records.)
The Articles of Organization for this Limited Liability Con Florida document number <u>L 1800086890</u>		4/5/2018 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company he	<u>re</u> :
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the de	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	(223)	
Enter new mailing address, if applicable:		P I E D
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>
		06
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		our records, enter the name of the name
Name of New Registered Agent:	<u>.</u>	
New Registered Office Address:	Enter Flori	da 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
<u>AMBE</u>	Barry Maxwell	387 Sw Cumoran Hill &	
	,	387 Sw Cumoran Hill & Fort White, Fl 32038	Remove
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			Add
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			Remove
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Filing Fee: \$25.00