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## **COVER LETTER**

	Registration Se Division of Cor				
SUBJEC		ANCH, LLC			
SOBJEC	· · · <u></u> .	Name of Lim	tited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please re	turn all correspo	ondence concerning this matter	to the following:		
		Carol O. Lovell			
			Name of Person	<del></del>	
		LAZY D RANCH, ELC			
		Firm/Company			
	P.O. Box 1270				
		Clarkesville Georgia 3052	3		
		City/State and Zip Code			
		noy.nationslsi@gmail.com			
		E-mail address: (	to be used for future annual report notif	ication)	
For furth	er information c	oncerning this matter, please co	all:		
Carol O.			706 754-6000 at ()		
	Name o	f Person	Area Code Daytimo	: Telephone Number	
Enclosed	is a check for th	ne following amount:			
\$25.0	00 Filing Fee	□ \$30.00 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

LAZY D RANCH, LLC		<u> </u>					
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records. iability Company)	)					
The Articles of Organization for this Limited Liability Company were filed on August 01, 2018  Florida document number L18000184803							
This amendment is submitted to amend the following:							
A. If amending name, enter the new name of the limited liabi	ility company here:						
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC"	or the abbreviation "L.L.C."					
Enter new principal offices address, if applicable:	1867 Independence Sq						
(Principal office address MUST BE A STREET ADDRESS)	Suite 2103	9 1					
Trincipal office diances is a second	Atlatnta, Georgia 30338						
Enter new mailing address, if applicable:	P.O. Box 1270	PH 2:					
(Mailing address MAY BE A POST OFFICE BOX)	Clarkesville GA 30523	ψ					
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her  Name of New Registered Agent:	ffice address on our records. e;	, enter the name of the					
New Registered Office Address:	Enter Florida street address						
	, Flo	orida 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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Carol O. Lovell	P.O. Box 1270	🗆 Add
		Clarkesville Georgia 30523	■ Remove
			Change
MGR	Joseph L. Boddicker	P.O. Box 1270	<b></b> Add
		Clarkesville, Georgia 30523	Remove
			Change
			Remove Change
			□ Add ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑
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			Remove
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of fi	ling or more than 90 days a	otional) fter filing.) Pur	suant to 605.0
ote: If the date inserted in this block does not meet the applicable statute ocument's effective date on the Department of State's records.	ory filing requirements.	this date will	not be lister
·			
e record specifies a delayed effective date, but not an effe The 90th day after the record is filed.	ctive time, at 12:0	1 a.m. on	the earlie
ated SC17 25 2019.  Signature of a member or authorized repre			

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Typed or printed name of signee

Filing Fee: \$25.00