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## **COVER LETTER**

TO:

Registration Section

Div	ision of Cor	porations				
SUBJECT:	SPOTTED EAR RANCH, LLC					
Source1.		Name of Lir	mited Liability Company			
The englace	l Amialan ac	N 18 43				
		Amendment and fee(s) are sul	-			
Please return	all correspo	ndence concerning this matter	r to the following:			
		ALEXZANDER GONAN	NO, ESQ.			
			Name of Person	<del></del>		
		GONANO & HARRELL				
			Firm/Company	<del>-</del>		
		1600 S. FEDERAL HIGH	WAY, STE. 200			
		, <u></u>	Address			
		FORT PIERCE, FL 34950	)			
		5773200@GMAIL.COM	City/State and Zip Code			
			to be used for future annual report ne	otification)		
For further in	formation co	neerning this matter, please c	·			
TODD A. HI	EACOCK		772 577-3200			
	Name of	Person	at () Area Code Dayti	ime Telephone Number		
Enclosed is a	check for the	: following amount:				
<b>■ \$25.00 Fi</b>	ling 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)		
Regi Divi P.O.	stration Se sion of Co Box 6327 thassee, FI	ection rporations	Street Address: Registration S Division of Co The Centre of 2415 N. Monr	orporations		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2010/0 13 Pill2: 04

SPOTTE	) EAR	RANCH,	LLC
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(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

	(A Florida Elimied	Liability Company)		
The Articles of Organization for this Limited L Florida document number L19000003753	iability Company	y were filed on $\frac{1/2/20}{}$	19	and assigned
This amendment is submitted to amend the foll				
A. If amending name, enter the new name o	f the limited liab	pility company here:		
The new name must be distinguishable and contain the v	vords "Limited Liabi	ility Company," the design	ation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>			
B. If amending the registered agent and/or ragent and/or the new registered office addres	egistered office : ss here:	address on our record	ds, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:	1000	A. Heacoc	K	
New Registered Office Address:	1785	SHINN RO	<u>l</u>	
	FORT	Pierce City	, Florida	34945
New Registered Agent's Signature if changing B				Zip Code

gent'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.

f 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
MGR	SABRINA L. BLACK	1005 GOPHER RIDGE ROAD	⊒∧dd
		FORT PIERCE, FL 34982	
			TChange
MGR	TODD A. HEACOCK	1785 SHINN ROAD	<b>≡</b> Add
		FORT PIERCE, FL 34945	□Remove
			□Change
·- <u>-</u> -			
			□ Remove
			= Change
<del>-</del>			
			□Remove
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·			□Add
			□Remove
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			□Remove
			⊡Change

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Note:	ve date, if other than the date of filing:
e record	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated _	3/24/2020 Dalina Dal
	(Salin Dal
	Signature of a member or authorized representative of a member

Filing Fee: \$25 0