h19000196966

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FILED

2022 APR 20 AM ID: 4

SECRETARY OF STATE
TALLAHASSEY OF STATE

COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	JERAD J CREMERS		
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	SASQUATCH ACRES RA	ANCH LLC	
		Firm/Company	
	910 FORTUNE AVE		
		Address	- •-
	PANAMA CITY, FL 3240)1	
		City/State and Zip Code	
	JERAD.CREMERS@OUT		
	E-mail address: (to be used for future annual report not	ification)
For further information e	oncerning this matter, please c	all:	
IERAD J CREMERS		903 340-5297 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
nclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	<i></i>
Registration S Division of C		Registration Se Division of Cor	
P.O. Box 632	•	The Centre of T	-

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED

2022 APR 20 AM 10: 41

PATRIOT JET SKI 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 HAPRIL 2022	and assigned
Florida document number L19000196966		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	oility company here:	
SASQUATCH ACRES RANCH LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	910 FORTUNE AVE	
(Principal office address MUST BE A STREET ADDRESS)	PANAMA CITY, FLORIDA	
	32401	
	910 FORTUNE AVE	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	PANAMA CITY, FLORIDA	
	32401	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the nam	e of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code

w Registered Agent's Signature, if changing Registered Agent:

sereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability npany has been notified in writing of this change.

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	JERAD J CREMERS	910 FORTUNE AVE	
		PANAMA CITY, FLORIDA	□Remove
		32401	■ Change
MGR	MELLIE ROBERTS	910 FORTUNE AVE	≣ A∂d
		PANAMA CITY, FLORIDA	
		32401	
			□ Remove
			Change
			🗆 Add
		Remove	
		☐ Change	
		□Remove	
			☐ Change
			□Remove
			□ Change

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after tiling.) Pursuant to 605.02 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.				
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