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(Requestor's Name)
(Address)
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(Only, Carta, 2, pr. Hono my
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COVER LETTER

TO:

TO: Registration Sec Division of Corp			
3456 SYFRI SUBJECT:	ETT ROAD, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	JACK G. WILLIAMS		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	WILLIAMS & SYFRETT	, PLLC	
		Firm/Company	····
	POST OFFICE BOX 2176	5	
		Address	
	PANAMA CITY, FL 324	02	
		City/State and Zip Code	
	MICKIE@WSGFIRM.CO	М	
	E-mail address: (to be used for future annual report notif	lication)
For further information co	ncerning this matter, please c	all:	
JACK G.WILLIAMS		850 763-5368	
Name of	Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for the	: following amount:		
■ \$25.00 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		Street Address:	
Registration Se		Registration Sec	
Division of Co P.O. Box 6327		Division of Corp	
Tallahassee, F		The Centre of T	allahassee

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3456 SYFRETT ROAD, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(71.101.00	initial marity company)	
The Articles of Organization for this Limited Liability C Florida document number 1.20000324805	Company were filed on 10/13/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
PITTS RANCH & CATTLE, LLC		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>ente</u>	r the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		· <u> </u>
	Enter Florida street addre	2.73
	, F	lorida
	l Inv	

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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		 	□Add
			□Remove
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E. Effective date, if other than the date of filing: (option (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 the date in the date in the date of the date is listed.	nal) filing.) Pursuant to 6	505.0207 (3
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will not be li	isted as th
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) ecord is filed.	The 90th day af	fter the
Dated APRIL 29, 2022		
Signature of a member or authorized representative of a member		

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