121000282368

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SELLEGARY OF STATE TALLAHASSEE, FLORIDA

2022 APR 29 PM 1: 18

JUN 2 1 2022 S. PRATHEF

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

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FOURH RA	NCH LLC		R 29
		s on our records.)	
(Name of the Limited Liability Compa (A Florida Limited I	iability Company)	3 31 34 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	75 PH ()
The Articles of Organization for this Limited Liability Company	were filed on	06/16/2021	FLONGE and ssigned
Florida document number <u>L21000282368</u> .			P
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	lity company he	re:	
H4 CATTLE COMPAN	Y LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the d	esignation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our re	ecords, <u>enter the na</u>	ame of the new regist
Name of New Registered Agent:			
		 -	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Elem	da street address	·
	Enter Piori	uu sireei aaaress	

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 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.

City

, Florida ___

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Acti
			_______\Add
			□Remove
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fective date, if other n effective date is listed, the term of the lister of the date inserted current's effective date	ne date must be specific and	d cannot be prior to da meet the applicable	ite of filing or more tha statutory filing requ	(optional n 90 days after filing irements, this date	a) Pursuant to 605
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