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(Requ	estor's Name)	
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(City/S	State/Zip/Phone	#)
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2022 MAR -7 AM 9: 40
SECRETARY OF STATE

A. BUTLER MAR 1 8 2022

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Subject of Limited Liability Compa	Ranch ILC
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Bubby Channe of Per-	inceysi
Firm/Compa	aux
PO Box 718	24
Serfrer FL City/State and Zi	33583
Engystate and 2.1 OUYVILO SYNPYAY E-mail address to be used for futbre	
For further information concerning this matter, please call;	
Bobby Chancel at (81) Name of Person	3 924-6121 de Daytime Telephone Number
Enclosed is a check for the following amount: S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Certified C tadditional ec	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED

	Or		
Grace and	Grit Ranch	12022 HAR -7 AM 9: 40	
(Name of the Limited Lia (A Flo	chility Company as it now appeorida Limited Liability Company	TALL ART OF STATE	
The Articles of Organization for this Limited Liabilit		OCT 1 202 and assigned	
Torida document number <u>L21000442</u>	• • • • –		
This amendment is submitted to amend the following	ţ.		
A. If amending name, enter the new name of the l	limited liability company l	ere:	
The new name must be distinguishable and contain the words "	Trades LIC_	the state of the s	
The new name must be distinguishable and contain the words "	Limited Liability Company. the	designation "LLC" or the appreviation "L.C.C.	
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET AD	DDRESS)		_
		_	_
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registe agent and/or the new registered office address her		records, <u>enter the name of the new regis</u>	tered
Name of New Registered Agent:			
New Registered Office Address:	hater E	orida street address	_
	1,111(7 1 1	WIND SPACE HEROESS	
<u> </u>		Florida	_
	City	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 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
			□Remove
			□Change
			—————————————————————————————————————
			□Remove
			□Change
		□Remove	
			□ Change
			□Add
			□Remove
			□Change
		2000 (100 may)	□Add
			□Remove
			□Change
			□Remove
			□ Change

<u>te:</u> If t	date, if other than the date of filing:
cord sp s filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ed	March 2 2023
	73 Churny - of
	Signature of a member grafinfurized represcriptive of a member