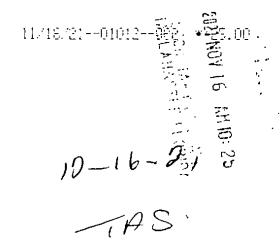
## L21000456130

Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Bohannons Whister Stud LLC Name of Limited Liability Company	_
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Jim D. Bohannon Name of Person  Firm/Company  P.O. Box 261 Address	
Firm/Company	<u>_</u>
P.O. Box 261 Address	
Glendo Wy. 82213 City/State and Zip Code	
Angles 19 @ B Hormol, Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Jim D. Bohannon at (307) 359-0344  Name of Person Area Code Daytime Telephone Nu	mber
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Cert (additional copy is enclosed) Cert	00 Filing Fee, dificate of Status & dified Copy dional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bohamons Whistle Sto	D LLC					
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	w appears on our records.) ompany)					
The Articles of Organization for this Limited Liability Company were file	d on OCTOBER 20, 2021 and assigned					
Florida document number <u>L 21000 456130</u> .						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liability com	pany here:					
Bohannons Whistle Stop LLC The new name must be distinguishable and contain the words "Limited Liability Compa						
The new name must be distinguishable and contain the words "Limited Liability Compa	ny," the designation "LLC" or the abbreviation "L.L.C."					
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDRESS)						
	- 1 2 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
	NOW NO					
Enter new mailing address, if applicable:	200					
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>					
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	25					
B. If amending the registered agent and/or registered office address of	n our records, enter the name of the new registered					
agent and/or the new registered office address here:						
Name of New Registered Agent:	<del></del> -					
New Registered Office Address:	B. G. H.					
•	Enter Florida street address					
	, 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 provisions of all statutes relative to the proper and complete perform						
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
	Jackie D. Bohannon		□ Add
			Remove
			Change
MGR	Jim D. Bohannon	Q1enda WY 82213	i≱Add
		Glendo WY 82213	□Remove
		<del></del>	□Change
			Add: OV   Renflove
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on effective date in the late of the date ocument's effective and the date ocument's effective date in the date ocument's effective date ocument's effetive date ocument's effet	s listed, the date r inserted in this	nust be spect block does	ific and cam s not meet	not be prio the applic	r to date of t cable statu		ore than 91	) days afte	r filing.) .		
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Filing Fee: \$25.00