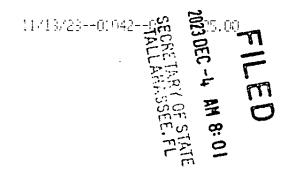
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COVER LETTER

	gistration Se cision of Cor			
eun arær.	DOUBLE			
SUBJECT:		Name of Lim	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please returi	n all correspo	ondence concerning this matter	to the following:	
		Robert J. Kelly, Esq.		
			Name of Person	11 TP - 2000
		Kelly & Kelly, LLP		
			Firm/Company	
		605 Palm Blvd.		
			Address	
		Dunedin, Florida 34698		
			City/State and Zip Code	
		wlfrederich@gmail.com	to be used for future annual report no	of Continu
For further i	nformation c	oncerning this matter, please of	·	orneaton)
Robert J. K	elly, Esq.		727 733-0468	
	Name o	f Person	at () Area Code Dayt	ime Telephone Number
Enclosed 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	uiling Addres		Street Address:	Soution
	gistration S vision of C	Section Corporations	Registration S Division of C	
	D. Box 632		The Centre of	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DOUBLE F RANCH	
(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 11-23-2021	and assigned
Florida document number L21000502607	0231 SEC TA
This amendment is submitted to amend the following:	and assigned TILED SECRETARY OF AN ASSEE
A. If amending name, enter the new name of the limited liability company here:	SSE T
DOUBLE F RANCH LLC	$\mathcal{V}(\mathcal{O})$
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or	the abbraviation 'QL,C."
Enter new principal offices address, if applicable:	W.
(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 address on our records, <u>enter the</u> agent and/or the new registered office address here:	name of the new registered
agent and/of the new registered office address here.	
Name of New Registered Agent:	 .
New Registered Office Address:	
Enter Florida street address	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
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<u>ote:</u> l	If the date inserted	than the date of the date must be specification this block does to on the Department	not meet the app	licable statutory fi	(op more than 90 days af ling requirements, t	tional) ter filing.) Pursuant to 6 his date will not be l	605.020 isted a
record is file		d effective date, bu	a not an effective	e time, at 12:01 a.r	n, on the earlier of:	(b) The 90th day at	fter the

Filing Fee: \$25.00

Typed or printed name of signee

WILLIAM L. FREDERICH