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T. MATTHEWS MAR 31 2022

COVER LETTER

Division of Cor			
SUBJECT:	AK'S RANCH	LLC	
SOBJECT:		ted Liability Company	
The enclosed Articles of a	Amendment and fee(s) are subt	mitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	ALEXAND	Name of Person	
	JAK'S	RANCH LLC Firm/Company	
	17049 R.	Address	RD
	BROOKSULL	E FL 3460 City/State and Zip Code	4
	EAMARTI E-mail address: (1	© YAHOO. COM o be used for future annual report notif	ication
For further information co	oncerning this matter, please ca		,
ALEXANDEL Name of	MARTINEZ FPerson	at (813) 410 - Daytime	4847 Telephone Number
Enclosed is a check for the	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)
Mailing Addres Registration S	Section	Street Address: Registration Sec	
Division of C	ornorations	Division of Con	norations

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

	44 11 11 3: 20
JAK'S RANCH	LLC
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	
Florida document number <u>L 21000534589</u>	3
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the 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)	
	- <u>-</u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>
herehy accept the appointment as registered agent and agi	ree to act in this capacity. I further agree to comply with th
provisions of all statutes relative to the proper and complete	e performance of my duties, and I am familiar with and
accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	provided for in Chapter 603, F.S. Or, if this document is eaddress. I hereby confirm that the limited liability
company has been notified in writing of this change.	and one of the one of the same
If Cha	inging 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

Title	Name	Address	Type of Action
AMBR	ROXANE BONDS - WAR	BROOKENILLE, FL 34604	<u>></u> [∑ (Add
			Change
			🗆 Add
			□Remove
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<u> </u>	
ctive date, if other than the date of filing: _ effective date is listed, the date must be specific and can	(optional) unot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.03
If the date inserted in this block does not meet iment's effective date on the Department of State	the applicable statutory filing requirements, this date will not be listed
ment's effective date on the Department of State	e s records.
ord specifies a delayed effective date, but not an	effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
filed.	effective time, at 12.01 a.m. on the carnet of (b) The 90th day after the
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d WARCH 15	2022.
- colony	Sycaria

Filing Fee: \$25.00