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COVER LETTER

TO:

Tallahassee, FL 32314

TO:	Registratio Division of		ions			
SUBJE	CT:	<u>CRY</u>	STAL CATT Name of Lin	LE COMPANY, ited Liability Company	LLC	
The enc	losed Article	s of Amen	dment and fee(s) are sub	omitted for filing.		
Please r	eturn all corr	espondenc	e concerning this matter	to the following:		
			CRY	STAL FORD Name of Person	<u></u>	
		<u>-</u>	CRYSTAL C	CLEAR CATTLE C		
		_	2732 R	OCHE ROAD	2023 NOV -8	France Arter 9 (
			CHIPLEY	FL 32428 City/State and Zip Code	P# 2:	
		 -	CRYSTAL 6 E-mail address: (DICECONTRACTOR to be used for future annual report notifi	R.COM FE ω	
For furth	ner informatio	on concert	ing this matter, please c	all:		
	RYST	AL ne of Perso	FORD	at (<u>850)</u> 630 – Area Code Daytime	5022 Telephone Number	
Enclosed	d is a check fo	or the follo	owing amount:			
□ \$2 5.	00 Filing Fee	e 🗆 :	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section Division of Corporations				Street Address: Registration Section Division of Corp	orations	
	P.O. Box 6	5327		The Centre of Ta	llahassee	

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co. (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Comparing	any were filed on 4/14/2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited l	iability company here:
CRYSTAL CLEAR CATTLE (The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2732 ROCHE ROADS
(Principal office address MUST BE A STREET ADDRESS	2732 ROCHE ROADS CHIPLEY, FL 32428
	—————————————————————————————————————
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	25 S
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	.
New Registered Office Address:	Enter Florida stree: 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 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 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
MGR	FORD, CRYSTAL J	2732 ROCHE ROAD	□Add
		CHIPLEY, FL 32428	□Remove
			% Change
MGR_	HOBBS, GEORGE M,	JR. 2732 ROCHE ROAD	□Adđ
		CHIPLEY, FL 32428	Remove □
			% Change □Add
			Remove 3
		, , , , , , , , , , , , , , , , , , ,	
			નું <mark>ઝ</mark> □Add
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Effective date, if (If an effective date is Note: If the date is document's effecti	listed, the date r nserted in this	must be speciti s block does t	c and canr not meet	the applica			than 90 days		.) Pursuan		
he record specifies a ord is filed.	ı delay ed e ffec	:tive date, bu	t not an e	ffective tir	ne, at 12:0	l a.m. on t	he earlier o	ıf: (b) Tl	ne 90th da	ay after	the
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