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COVER LETTER

TO:

Registration Section

Division of Co	rporations		
SERIECT: Head	k & Dreams Ra	orch & Refreat	
	Name of Lin	nch & Refrect	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	α -		
	_Sarah Jur	les .	
		Name of Person	
		Firm/Company	
	16734 Power	line Rd	
		Address	
	Dode City	FC 33523	
		City State and Zip Code	· • · · · · · · · · · · · · · · · · · ·
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Sarah J	imes	at (<u>727</u>) 460 -	1424
Name (of Person		ne Telephone Number
		•	
Enclosed is a check for t	he 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 radditional copy is enclosed)
Mailing Addres	<u> </u>	Street Address:	
Registration 1		Registration Se	
Division of C		Division of Co	•
P.O. Box 631 Tallahassee,		The Centre of 2415 N. Monro	Fallahassee oe Street, Suite 810
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1-1-ecr+s 3 Dy ecrys Rench 3 Retyect (C)
(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 Compa	any were filed on	and assigned
Florida document number <u>L22000209074</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited b	iability company here:	
Bamas Barnyard Ua The new name must be distinguishable and contain the words "Limited Li	Cability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		2024
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		22
B. If amending the registered agent and/or registered officagent and/or the new registered office address here:	ce address on our reco	ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida :	treet address
		Florida
	Ciţy	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
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Filing Fee: \$25.00