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SECRETARY OF STATE TALLAHASSEE, FLORIDA

T C C



COVER LETTER

TO: Registration Se Division of Cor				
	attle, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
m				
	Amendment and fee(s) are sub			
Please return all correspo	ondence concerning this matter	to the following:		
	Michael S Worten			
		Name of Person		_
	Worten Cattle, LLC			
		Firm/Company		_
	11855 Northeast State Roa	d 121		
		Address	-	_
	Lake Butler, FL 32054			
		City/State and Zip Code	<u> </u>	_
	sworten@gmail.com E-mail address: (to be used for future annu	al report notification)	
For further information of	oncerning this matter, please c		•	
Michael S Worten			352-458-1308	
Name o	f Person	at () Area Code	Daytime Telephone Number	 er
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is e	Certific nclosed) Certified	ate of Status &
Mailing Addres Registration		Regist	Address: tration Section	
Division of C	Corporations	Divisi	on of Corporations	

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

Worten Cattle, LLC			
(Name of the Limited Liability Compa (A Florida Limited	any as it now appe Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on _	June 21, 2022	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company l	nere:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the	designation "LLC" or t	the abbreviation "L.I.,C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			<u>.</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		records, enter the	SCRETARY OF STANDERS OF the new registered
		, Florid	aZip Code
New Registered Agent's Signature, if changing Registered Agent	City:		Zsp Code
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	- ree to act in this e performance o provided for in	of my duties, and I Chapter 605, F.S.	am familiar with and Or, if this document is

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
AMBR	Joshua R Worten	11855 Northeast State Road 121	
		Lake Butler, FL 32054	=Remove
			□Change
			□Add
			Remove
			Change
<u>.</u>		 	□Add
			□Remove
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Filing Fee: \$25.00