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COVER LETTER

TO:	Registration Se Division of Cor		,	
		ANCH, LLC		
SUBJI	ECT:	Name of Lim	ited Liability Company	
The en	iclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		TED E MIKITA, JR		
			Name of Person	
		MIKITA RANCH, LLC		
			Firm/Company	
		2616 SUNVALE CT		
			Address	
		CAPE CORAL, FL 33991		
		ted@lwranch.com	City/State and Zip Code	
			to be used for future annual report notification)	
For fur	rther information c	oncerning this matter, please c	all:	
TED I	E MIKITA, JR		406 546-5383	
	Name o	f Person	Area Code Daytime Telephone Nu	mber 220 74 / A M
Enclos	ed is a check for th	ne following amount:		ري خ دري خ
≡ \$2	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert	00 Filingifice, ifficate of Status & iffied Copy, tional copylisenclose)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIKITA RANCH, LLC		
(Name of the Lim	ited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited I Florida document number L22000370670	Liability Company were filed on 08/15/2022	and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE		
		/3 12
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office address on our records, <u>enter the</u> <u>ess here</u> :	name of the new registere
Name of New Registered Agent:	MIKITA, TED E JR	PP III
New Registered Office Address:	Enter Florida street address	7.5. 28 F. 28
	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>	Name	Address	Type of Action
MGR	MIKITA, TED E	2616 SUNVALE CT	DAdd
		CAPE CORAL, FL 33991	□Remove
			= Change
MGR	AGR MIKITA, TED E JR	2616 SUNVALE CT	□Add
		CAPE CORAL, FL 33991	□Remove
			□Add
			□Remove
			Gehange
			PRemover 22 2 Change
			□Add
			□Remove
			□Change
			□Add
			□ p

inne of the regimered agent and manager, i	fed E. Mikita Jr failed to include the "Jr." as it was on the original
Montana paperwork and on the IRS Form SS	-4 EIN.
This was not a problem until trying to open a	bank account with Suncoast Federal Credit Union
who is requiring that the LLC paperwork and	the LLC Manager, SS-4 and Florida Drivers License names
all match EXACTLY.	
	202
ve date, if other than the date of filing:	annot be prior to date of filing or more than 90 days after filing) Pursuant to the
	et the applicable statutory filing requirements, this date will not be \$\Pi\$
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ective date is listed, the date must be specific and ca If the date inserted in this block does not med ent's effective date on the Department of Stat	ic s records.
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If the date inserted in this block does not medent's effective date on the Department of Stat	
If the date inserted in this block does not medent's effective date on the Department of State date of State date of State date and specifies a delayed effective date, but not an	n effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aft
	et the applicable statutory filing requirements, this date will p

Typed or printed name of signee