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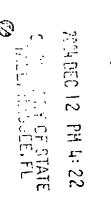
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to F	Filing Officer:	

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COVER LETTER

TO;

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations	
SUBJECT: Hill Cattle Company Name of Limited	Liability Company
The enclosed Articles of Amendment and fee(s) are submitted	ed for tiling.
Please return all correspondence concerning this matter to the	e following:
Morgan Hi	Name of Person
Hill Cattle	Company, LLC Firm/Company
<u>290 keen</u>	
	F1 33843 ity/State and Zip Code
<u> Hill cattle c</u>	used for future annual report notification)
For further information concerning this matter, please call:	used for future annual report notification)
Clayton Hill Name of Person	at (863) 528 - 3734 Fri & Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
☑ \$25,00 Filing Fee □ \$30.00 Filing Fee & □ Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar (A Florida Limited L	
The Articles of Organization for this Limited Liability Company of Plorida document number <u>LDD00410822</u> .	were filed on $\frac{09/20/2022}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabi</u>	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)	290 Keen rd. Frostproof, FL 33843
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	290 Keen rd. Frostproof, FL 33843
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida City Zip Code
and the second and th	

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>	<u>Address</u>	Type of Action
AMBR	Morgan Hill		🗹 🗸 Add
		Frostproof, FL 33843	□Remove
			□Change
MBR	Brenda Hill	908 Backbone rd. #56	O Madd
		Babson Park, FL 33827	□Remove
			□Change
			□Add
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ffective date, if other that an effective date is listed, the date. If the date inserted in to ocument's effective date on	this block does not	t meet the applica	ıble statutory filir	(opti nore than 90 days after ng requirements, thi	onal) () A filing.) Pursually state will not be	to 605,020 to 11sted as
record specifies a delayed et is filed.	Tective date, but n	iot an effective tii	me, at 12:01 a.m.	on the earlier of: (b) The 90th da	y after the
	3	<u> 2024</u>				
ated <u>December</u>						
ated <u>December</u>	<u> </u>	member or autho	rized representative	e of a member		