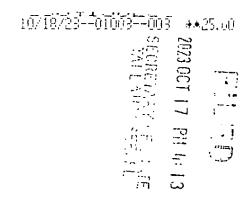
## L230000 20260

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## **COVER LETTER**

TO:	Registration S Division of Co					
SUBJE	IRON HO	RSE CATTLE BROKERS LLC				
SUBJE	CI:	Name of Lin	ited Liability Company			
The enc	losed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please r	eturn all corresp	ondence concerning this matter	to the following:			
		ANIBAL D CABRERA				
			Name of Person			
	THREE BRIDGES ADVISORY INC					
			Firm/Company	-		
		817 E CONOVER ST				
			Address			
		TAMPA FL 33603			2023 OCT 17 SECRETAIN	:/4- }
			City/State and Zip Code			* 142
		THREEBRIDGESADVISO	-			•
			to be used for future annual report notifi	ication)		عبد، ۱۳۵
For furt	her information	concerning this matter, please c	all:		- 176 - <del></del> -	
ANIBA	L D CABRERA	<b>\</b>	813 409-8465 at ( )		ल ७	
	Name	of Person		Telephone Number	<del></del>	
Enclose	d is a check for	the following amount:				
<b>■</b> \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## IRON HORSE CATTLE BROKERS LLC

(Name of	the Limited Li	ability Com	pany as i	t now appears (	n our records.)
		orida imite			

(A rionus Limiteu t	лаоппу Сотрапу)				
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000020260</u>	were filed on 1/19/2023	a	nd assigned		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "	LLC" or the abbreviat	ion "L.L.C."	-	
Enter new principal offices address, if applicable:			~>	_	
(Principal office address MUST BE A STREET ADDRESS)			202	_	
			<u> </u>	-	
		45. 45.	— ·- ·- ·- ·-		
Enter new mailing address, if applicable:				_	
(Mailing address MAY BE A POST OFFICE BOX)		. n - 1		_	
			**	_	
		רָדּיִּ	ယ		
B. If amending the registered agent and/or registered office a	address on our records, <u>en</u>	ter the name of t	ne new registe	red	
agent and/or the new registered office address here:					
Name of New Registered Agent:				-	
New Registered Office Address:				_	
•	Enter Florida street ad	dress		_	
		, Florida	ida		
	City	Zip	Code		
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties provided for in Chapter 60	s, and I am familion, and I am familion, 5, F.S. Or, if this	ar with and a 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
AR	ANIBAL D CABRERA	817 E CONOVER ST	□Add
1112		TAMPA FL 33603	□Remove
			□Add
			□Remove
			□Change
			ZOZIMOT SECHET
			Remove
			☐Change
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Dated Signature of a member or authorized representative of a member ANIBAL D CABRERA Typed or printed name of signee