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1/25/2025

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: WATERS FARMS AND CATTLE LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
TYLER DAVID
Name of Person
WATERS FARMS AND CATTLE LLC Firm/Company
24\$25 E COUNTY RD 1474  Address
HAWTHORNE FLORIDA 3264¢  City/State and Zip Code
ADMIN@ WD CATTLE CO. COM  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TYLER DAVID at (513) 432 - 7696  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certificate of Status (additional copy is enclosed)  S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

WATERS FARMS (Name of the Limited Liability C. (A Florida Lin	AND CATT	TLE L & &3 P!! 3:41
(A Florida Lin	nited Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability Com Florida document number <u>L 23ダダク2946</u> 3	pany were filed on <b>Ø</b>	$6/19/2 \neq 23$ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
W/D CATTLE COMP	ANY IIC	
The new name must be distinguishable and contain the words "Limited	Liability Company," the desig	nation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	'S)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	
B. If amending the registered agent and/or registered of	fice address on our reco	rds, enter the name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
		Florida
	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 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
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			□Remove
			□Change
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