

L23000445642

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

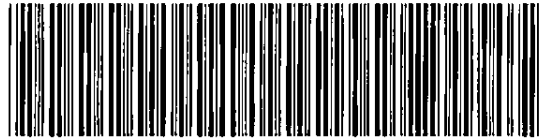
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Ranch at Three Pines LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Harry Campos
Name of Person

The Ranch at Three Pines
Firm/Company

3009 Jim Johnson Road
Address

Plant City FL 33566
City/State and Zip Code

Harryhks22@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Harry Campos at (561) 674-3048
Name of Person 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 & Certified Copy (additional copy is enclosed) ☐ \$60.00 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

2007 SEP 29 17:10:21

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

The Ranch at Three Pines LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 9-26-2023 and assigned Florida document number L23000445642

This amendment is submitted to amend the following:

A. If amending name, enter the new name 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 applicable:

(Principal office address MUST BE A STREET ADDRESS)

3009 Jim Johnson Road
Plant City FL 33566

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3009 Jim Johnson Road
Plant City FL 33566

B. If amending the registered agent and/or registered office address on our records, 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:

3009 Jim Johnson Road
Enter Florida street address

Plant City, Florida 33566
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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Harry Campos	3009 Jim Johnson Road	<input checked="" type="checkbox"/> Add
		Plant City FL 33566	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Lakota Campos	3009 Jim Johnson Road	<input checked="" type="checkbox"/> Add
		Plant City FL 33566	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Matheus Campos	3009 Jim Johnson Road	<input type="checkbox"/> Add
		Plant City FL 33566	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Grace Campos	3009 Jim Johnson Road	<input type="checkbox"/> Add
		Plant City FL 33566	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jacob Woodell	3009 Jim Johnson Road	<input type="checkbox"/> Add
		Plant City FL 33566	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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104605.0207 (3)(b)

be listed as the]

102

Dated

Signature of a member or authorized representative of a

Harry Campos
Typed or printed name of signee

Filing Fee: \$25.00