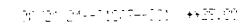
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## DocuSign Envelope ID: C064DDC5-E5DE-4AB7-BA3D-9E43E90382F5 COVER LETTER

TO: Registration Section **Division of Corporations** P4 LIVESTOCK, LLC SUBJECT: 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: LOGAN IL PERRY Name of Person P4 LIVESTOCK, LLC Firm/Company 511 SE 2ND AVENUE Address OKEECHOBEE, FL 34974 City/State and Zip Code lhp8903@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: KarinAmmons Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee. □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ■ \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

company has been notified in writing of this change.

## DocuSign Envelope ID: C064DDC5-E5DE-4AB7-BA3D-9E43E90382F5 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our lability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L24000124884}{L24000124884}$ .	were filed on $\frac{03/12/2024}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability"	ity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		p*
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		SECR TALLA
(Mailing address MAY BE A POST OFFICE BOX)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Amaning unaress may be a rost of rige boar		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>s</u>	enter the name of the new registered
Name of New Registered Agent:		<del></del>
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 agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duti	es, and I am familiar with and

being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: C064DDC5-E5DE-4AB7-BA3D-9E43E90382F5 in amending Authorized rerson(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
MGR	JESSE M. PERRY	511 SE 2nd Avenue	≅Add
		Okeechobee, Fl. 34974	□Remove
			□Change
			□Add
			□Remove
			□Change
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Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the I	st be specific and cannot be prior to date of filing or more than 90 da lock does not meet the applicable statutory filing requirement	(optional) ys after filing.) Pursuant to 605.0207 (3 nts, this date will not be listed as the
the record specifies a delayed effection of the cord is filed.	we date, but not an effective time, at 12:01 a.m. on the earlier	r of: (b) The 90th day after the
Dated June 14	2024	
— DocuSigned by	·	
logan perry	Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	
LOGAN H. PERRY		
	Typed or printed name of signee	

Filing Fee: \$25.00