Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000323027 3)))



H240003230273ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

SHOOLE OF CATTLE COMPANY LLC

## DOUBLE 00 CATTLE COMPANY LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$25.00 |

SEP 2 4 2024

9/23/2024 08:26:39 PDT: To. 18506176383 Page: 2/4 Fax: 8134365206

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Double 00 cattle company LLC   |   | <b>5</b>              | £                 |
|--|---|-----------------------|-------------------|
| (Name of the Limited Liability Compa<br>(A Florida Limited I   | ny as it now appears on our records.) hability Company) | <del></del>           |                   |
| The Articles of Organization for this Limited Liability Company Florida document number L24000245914  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company to the liability c | were filed on 05/29/24                                  | and assigned          |                   |
| The new name must be distinguishable and contain the words "Limited Liabil   | lity Company," the designation "LLC" or the             | abbreviation "L.L.C." |                   |
| Enter new principal offices address, if applicable:  | 3520 County Road 830                                    |                       |                   |
| (Principal office address MUST BE A STREET ADDRESS)  | Felda, FL 33930   |                       | _                 |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  |   | 2024 SEP              | <del>-</del><br>, |
| B. If amending the registered agent and/or registered office a   | address on our records, enter the na                    | . 23                  | <br>istered       |
| agent and/or the new registered office address here:   | tuores on our records <u>enser she me</u>               | D 2: 2!               | 710104            |
| Name of New Registered Agent:  |   | ·ŋ ♣ · ·              |                   |
| New Registered Office Address:   | Emer Florida street address                             |                       |                   |
|  | , Florida   |                       |                   |
|  | Cuy   | 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.

9/23/2024 08426/39 PDT To: 18506176383 Page: 3/4 Fax: 8134365206

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> | Name | Address     | Type of Action |
|--------------|------|-------------|----------------|
|              |      |             | Cladd          |
|              |      |             | □Remove        |
|              |      |             | DChange        |
|              |      |             | □Add           |
|              |      | □Remove     |                |
|              |      |             | ☐ Change       |
|              |      |             | □Add           |
|              |      |             |                |
|              |      |             | ☐Change        |
|              |      |             | □Add           |
|              |      |             | □Remove        |
|              |      |             | □Change        |
|              |      |             |                |
|              |      |             | □Remove        |
|              |      | <del></del> | ☐ Change       |
|              |      |             | CJAdd          |
|              |      |             | □Remove        |
|              |      |             | []Change       |

9/23/2024 08:26:39 PDT To: 18506176383 Page: 4/4 Fax: 8134365206

|                           | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)                                       |
|---------------------------|---|
|                           |   |
|                           |   |
|                           |   |
|                           |   |
|                           |   |
|                           |   |
|                           |   |
|                           |   |
|                           |   |
|                           |   |
|                           |   |
|                           |   |
|                           |   |
|                           |   |
|                           |   |
| (If an el<br><u>Note:</u> | tive date, if other than the date of filing:  |
| the reco<br>cord is f     | rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled. |
| Dated                     | September 23rd 2024   |
|                           | September 23rd 2024  Signature of a member or authorized representative of a member   |
|                           | Signature of a member or authorized representative of a member  |
|                           | Robin Jones   |