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COVER LETTER

TO: Registration Section

Divi	sion of Corp	porations			
	J BAR S CA	ATTLE, LLC			
SUBJECT:		Name of Lin	nited Liability Company		
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return	all correspon	ndence concerning this matter	to the following:		
		Karin Ammons			
			Name of Person		
		Fee, Yates & Fee, PLLC			
			Firm/Company		
		400 NW 2nd Street			
			Address		
		Okeechobee, FL 34972			
			City/State and Zip Code		
		swalpole56@gmail.com			
		E-mail address: (to be used for future annual	report notification)	
For further in	formation co	oncerning this matter, please c	all:		
Stephanie Wa	ılpole			0-0111	
	Name of	Person	at () Area Code	Daytime Teleph	one Number
Enclosed is a	check for the	e following amount:			
■ \$25.00 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee of Certified Copy (additional copy is end		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ing Address		Street A		
_	istration S ision of Co	ection orporations	_	ation Section n of Corporatio	ons
P.O.	Box 6327	7	The Ce	ntre of Tallahas	ssee
Tallahassee, FL 32314 2415 N. Monroe Street, Suite			t, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this 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 November 6:2024

Florida document number 12.4000471534

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

J-BAR-S CATTLE, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

City

Enter Florida street address

__, Florida ___

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
			□Remove
			□Change
			□Add
			Remove
			□Change
			Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change

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