

L99 0000 01348

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

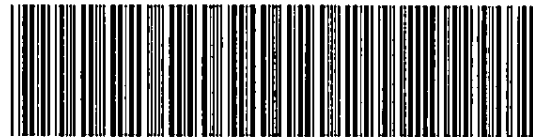
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800305764508

11/20/17--01042--005 **110.00

17 NOV 20 17 10 42 AM '17

NOV 22 2017

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wainwright Cattle Ranch, L.C.

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:

Frances Casey Lowe

Name of Person

Guilday, Simpson, West, Hatch, Lowe & Roane, P.A.

Firm/Company

68-A Feli Way

Address

Crawfordville, Florida 32327

City/State and Zip Code

francie@francelowe.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle Maloni

850

926-8245

at ()

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Wainwright Cattle Ranch, L.C.

(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 March 10, 1999 and assigned
Florida document number L99000001348.

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)

Highway 270

Greensboro, Florida 32330

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Post Office Box 429

Greensboro, Florida 32330

**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:

Frances Casey Lowe

New Registered Office Address:

68-A Feli Way

Enter Florida street address

Crawfordville

City

Florida 32327

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	Jack Wainwright	Post Office Box 429	<input checked="" type="checkbox"/> Add
		Greensboro, Florida 32330	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Marsha Danals	Post Office Box 429	<input checked="" type="checkbox"/> Add
		Greensboro, Florida 32330	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Carol Wainwright	4425 Meandering Way	<input type="checkbox"/> Add
		Tallahassee, FL 32308	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jack Wainwright	P.O. Box 429	<input type="checkbox"/> Add
		Greensboro, FL 32330	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated November 9 2017

James Chase Attorney
Signature of a member or authorized representative of a member

Frances Casey Lowe

Typed or printed name of signee