(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	J. HORNE	
	OCT 27 202	2

Office Use Only



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2022 OCT 20 PH 12: 28 RECEIVED

# **CORPORATE**

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ACCESS, INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

		W	ALKIN		
	PICK	UP:	DANNY 10/20		
XX	CERTIFIED COPY PHOTOCOPY CUS				
XX	FILING	LLC A	MEND		<u></u>
1.	AL FLORIDA, LLC (CORPORATE NAME AND DOCUME	ENT #)			<del>-</del>
2.	(CORPORATE NAME AND DOCUME	ENT #)	<del>-</del>		
3.	(CORPORATE NAME AND DOCUME	ENT#)			-
4.	(CORPORATE NAME AND DOCUME	ENT #)		<del>-</del>	
5.	(CORPORATE NAME AND DOCUME	ENT #)			
6.	(CORPORATE NAME AND DOCUME	ENT #)			
SPECIA INSTRU					





October 21, 2022

CORPORATE ACCESS, INC.

SUBJECT: AL FLORIDA, LLC Ref. Number: M22000005534

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 122A00023637

Jasmine N Horne Regulatory Specialist II

2022 OCT 26 PH 3: 4:

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

### SECTION I (1-4 must be completed)

	pears on the records of the Florida Department of
State: AL Florida, LLC	
	le:
(Principal office address	g garage of the second of the
MUST BE A STREET ADDRESS	\$EC
	20C
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·
2. The Florida document number of this limited	. To the state of
3. Jurisdiction of its organization: Texas	
4. Date authorized to do business in Florida:	April 11, 2022
SECTION II (5-9 complete only the applicat	
5. New name of the limited liability company:	Abell Livestock FL, LLC
(n	nust contain "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adoptopy of the written consent of the managers or must contain "Limited Liability Company," "L	oted for the purpose of transacting business in Florida and attach a managing members adopting the alternate name. The alternate name .L.C." or "LLC.")
6. If amonding the registered and add add	Annual of the state of the stat
registered agent and/or the new registered office	stered officer address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	English Control
	Enter Florida Street Address
-	, Florida
the provisions of all statutes relative to the prop and accept the obligations of my position as reg	Registered Agent: agent and agree to act in this capacity. I further agree to comply with over and complete performance of my duties, and I am familiar with gistered agent as provided for in Chapter 605, F.S. Or, if this age in the registered office address. I hereby confirm that the limited
<u> </u>	f Changing Registered Agent, Signature of New Registered Agent

8. If the amendment cl	hanges person, title or ca	pacity in accordance	with 605.0902 (1)(e), inc	licate that change
Title/ Capacity	<u>Name</u>		Address	Type
		·		<del></del>
<del></del>				<del></del>
-				
			<del></del>	
9. Attached is a certification of the second	cate, if required: no mor	te than 90 days old, e	evidencing the	
jurisdiction under the	ie law of which this enti	ty is organized.	i naving custody of reco	rds in the

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



## CERTIFICATE OF FILING **OF**

Abell Livestock FL, LLC 804496742

[formerly: AL Florida, LLC]

The undersigned, as Secretary of State of Texas, hereby certifies that a Certificate of Amendment for the above named entity has been received in this office and has been found to conform to the applicable provisions of law.

ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing filing effective on the date shown below.

Dated: 09/02/2022

Effective: 09/02/2022



Phone: (512) 463-5555

John B. Scott Secretary of State

Dial: 7-1-1 for Relay Services Document; 1175287640002