P04000091583

(Ř	equestor's Name)	
(A	ddress)	···-
(A	ddress)	<u> </u>
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

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COVER LETTER . .

TO: Amendment Se Division of Cor			
NAME OF COURT	Deep Creek Ranch	. Inc.	
NAME OF CORPO		.	
DOCUMENT NUM	P04000091583 4BER:		
The enclosed Article	es of Amendment and fee are sul	omitted for filing.	
Please return all corr	respondence concerning this mat	iter to the following:	
	David U. Strawn		
		Name of Contact Person	I
	Deep Creek Ranch, Inc.		
		Firm/ Company	
	216 White Oak Creek Road		
	D	Address	
	Burnsville NC 28714		
		City/ State and Zip Code	:
	dustr@me.com		
	E-mail address: (to be us	ed for future annual report	notification)
For further informati	ion concerning this matter, pleas	e call:	
David Strawn		828 at (6755577
Name	e of Contact Person		le & Daytime Telephone Number
Enclosed is a check	for the following amount made p	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
M	ailing Address	Street .	Address
	mendment Section	Amend	ment Section
	vision of Corporations		n of Corporations
	O. Box 6327		entre of Tallahassee
Ta	Ilahassee, Fl. 32314	2415 N	l. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

to

Art	icles of Incorporation
Deep Cr	Tel Ranch, INC.
(Name of Corporation a	s currently filed with the Florida Dept. of State)
$\mathcal{V} \mathcal{E}$	1411010091.583
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statis Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpo	pration:
Long Branch Pastures, Inc.	
B. Enter new principal office address, if applicable:	216 White Oak Creek Road, Burnsville NC 28714
(Principal office address MUST BE A STREET ADDRE	<u></u>
C. Enter new mailing address, if applicable:	216 White Oak Creek Road, Burnsville NC 28714
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered	
new registered agent and/or the new registered office	ce address:
Name of New Registered Agent	
	(Florida street address)
	TO THE STOCK CHARLEST
New Registered Office Address:	, Florida (Zip Code)
	(Sib Code)
Nam Decistored Anna Ca Simutana (Cabanaia - Davida	
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an	
, and the second	22
	<u>::</u>
	e of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			_
Add			
Remove			
2) Change			
Add			
Remove 3) Remove			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add	_		
Remove			
6) Change			.
Add			
Remove			

<u>lf amendii</u>	ng or adding additional Articles, enter change(s) but the litional sheets, if necessary). (Be specific)	here:
Attach aac	mionai sneets, y necessary). (Be specific)	
_		
		···

-	-	
fanamer	dment provides for an exchange, reclassification,	or cancellation of icensed charge
provision	s for implementing the amendment if not contain t applicable, indicate N/A)	ed in the amendment itself:
(if no	applicable, indicate N/A)	

date this document was signed.	tion:	, if other th
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depart	k does not meet the applicable statutory filing requirements, this tment of State's records.	date will not be listed
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted action was not required.	d by the incorporators, or board of directors without shareholder as	ction and shareholder
The amendment(s) was/were adopted by the shareholders was/were suffice	d by the shareholders. The number of votes east for the amendment for approval.	nt(s)
☐ The amendment(s) was/were approvemust be separately provided for each	ed by the shareholders through voting groups. The following state th voting group entitled to vote separately on the amendment(s):	ment
	the amendment(s) was/were sufficient for approval	
by	(voting group)	
DatedSignature	tor, president or other officer – if directors or officers have not bee	
selected, by	tor, president or other officer – if directors or officers have not bee y an incorporator – if in the hands of a receiver, trustee, or other co fiduciary by that fiduciary)	n ourt
	(Typed or printed name of person signing)	
	(Tiped of printed name of person signing)	