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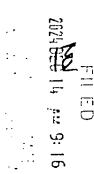
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	RATION: Two Feathers Cattl	e and Horse Ranch, Inc.		
DOCUMENT NUMI	D04000001704			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	Patricia M Johnson			
	Name of Contact Person			
	Two Feathers Cattle and Horse Ranch, Inc.			
	Firm/ Company			
	2696 Merle Langford Rd.			
	Address			
	Zolfo Springs, FL 33890			
		City/ State and Zip Cod	e	
	trishj117@aol.com			
		sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
Patricia M Johnson		at (<u>863-781-39</u>	0:	
Name of Contact Person Area Code & Daytime Teleph		de & Daytime Telephone Number		
Caulogad is a sheet fo				
enclosed is a check to	r the following amount made	payable to the Florida Depa	artment of State;	
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ame Divi	ling Address endment Section sion of Corporations Box 6327	Amend Divisio	Address Iment Section on of Corporations entre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

to

Two Feathers Cattle and Horse Ranch, I	nc.	
(Name	of Corporation as currently filed with the	ne Florida Dept. of State)
P06000081704		
	(Document Number of Corporation	(if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this <i>Florida Profit</i>	Corporation adopts the following amendment(s
A. If amending name, enter the new n	ame of the corporation:	
		The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Chartered," "professional association,	Corp," "Inc," or "Co". A professional	"incorporated" or the abbreviation "Corp.," corporation name must contain the word
B. Enter new principal office address, (Principal office address MUST BE A S		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		
		2021
D. If amending the registered agent an new registered agent and/or the ne	nd/or registered office address in Florida w registered office address:	i, enter the name of the
Name of New Registered Agent	Patricia M Johnson	- I
	2696 Merle Langford Rd.,	
	(Florida street address)	
New Registered Office Address:	Zolfo Springs	Florida 33890
	(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agent: tered agent. I am familiar with and accep	t the obligations of the position.
	Signature of New Registered Agen	u, if changing
Check if applicable		
☐ The amendment(s) is/are being filed p	ursuant 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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P,D	Grady Johnson, Sr.	2696 Merie Langford Rd.
Add			Zolfo Springs, FL 33890
X Remove			
2) X Change	P.D	Patricia M Johnson	2696 Merle Langford Rd.
Add			Zolfo Springs, FL 33890
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			-
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f an amendment provides for an exchange, provisions for implementing the amendmen (if not applicable, indicate N/A)						
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provisions for implementing the amendmen	eclassification,	or cancella	ation of iss	ued shares,		
(if not applicable, indicate N/A)	if not containe	ed in the an	<u>nendment</u>	itself:	•	
					-	
		 				
						·
						
					<u> </u>	
						

The date of each amendment(s) ac	loption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file dat	e)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirement partment of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without share	holder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the artificient for approval.	mendment(s)
	roved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amendment	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
· —	(voting group)	
selected	rector, president or other officer – if directors or officers have l, by an incorporator – if in the hands of a receiver, trustee, or ed fiduciary by that fiduciary) ATRICIA DOHUSON (Typed or printed name of person signing) RESIDENT WIRECTOR	e not been other court
	(Title of person signing)	