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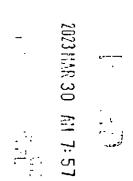
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10/25/22--01019--007 **25.00

03/30/23--01006--006 **10.00



J 4/4/2023

COVER LETTER

* **TO**: Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: The Broken Oak Ranches Corp DOCUMENT NUMBER: 21900050689 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Amielee Dampier
Name of Contact Person The Broken Oak Ranches Corp Ft. Denaud, FL 33935
City/ State and Zip Code Comudampier 11 (com am aul. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (<u>239</u>) <u>633 - 9434</u> Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee ☐\$43.75 Filing Fee & □\$52.50 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy 1 iobalance (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations

The Centre of Taliahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810



January 23, 2023

AMIE L DAMPIER 1305 JACKS LANE FORT DENAUD, FL 33935

SUBJECT: THE BROKEN OAK RANCHES CORP

Ref. Number: P19000080689

We have received your document for THE BROKEN OAK RANCHES CORP and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

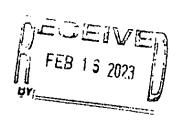
This document was previously filed on January 6, 2023.

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.

Claretha Golden Regulatory Specialist II

Letter Number: 023A00001638



Articles of Amendment

to

Articles of Incorporation of

[٠.	-1
-	-4	:

THE BROKEN	OAK	RANCHES	CORP
,	O,		

THE BROKEN O	NAK RANCHES CORP		
(Name of Corporation as currently	v filed with the Florida Dept. of State) STAN 30 AM 1: 5		
P 190000 804 80	\ \ *\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \		
	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this I is Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new name of the corporation:			
name must he distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	company," or "incorporated" or the abbreviation "Corp.,"		
3. Enter new principal office address, if applicable:	1305 Jacks Lane		
Principal office address <u>MUST BE A STREET ADDRESS</u>)	1305 Jacks Lane Fort Denaud FL 33735		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1305 Jacks Lane		
	Fort Denaud FL 33935		
D. If amending the registered agent and/or registered office address: Name of New Registered Agent	<u> </u>		
1305 Jac (Florida stre	KS Lane		
Now Registered Office Address: Fort Denac	2302-		
New Registered Office Address.	(Circ) (Zip Code)		
	(City)		
New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar w	: with and accept the obligations of the position.		
Signature of New Re	egistered 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.

X Change	<u>PT</u> <u>John I</u>	Doe	
X Remove	<u>V</u> <u>Mike</u> .	Jones .	
X Add	<u>SV</u> <u>Sally S</u>	Smith	
Type of Action (Check One) 1) Change Add	Title	Charles Dampier	1305 Jacks Lane Fort Denaud, F233935
Remove 2) Change Add	<u>15</u>	Amie L. Dampier	1305 Jacks Lare Fort Denaud, Fl 33935
Remove Change Add	-		
Remove 4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add Remove			
1/011010			

E. If amending or adding a (Attach additional sheets,	idditional Articles	s, enter change(s) Re specific)	<u>here</u> :		
(Macii utummui sheets,	y necessary). (2	or spreigie,			
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F. If an amendment provi provisions for implement	des for an exchang	ge, reclassificatio	n, or cancellation o	f issued shares,	
(if not applicable, i	nting the amenti adicate N/A)	ment ii not co <u>ntai</u>	ned in the antenum	ient itsen.	
					
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	<u> </u>
(no more than 90 days after amendment file of	late)
Note: If the date inserted in this block does not meet the applicable statutory filing requirer document's effective date on the Department of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without sha action was not required.	areholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the by the shareholders was/were sufficient for approval.	amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The foll must be separately provided for each voting group entitled to vote separately on the amend	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
Dated Jet 5, 2023 Signature Concile Comprer	
(By a director, president or other officer – if directors or officers h selected, by an incorporator – if in the hands of a receiver, trustee appointed fiduciary by that fiduciary)	
Amie Lee Dambier (Typed or printed name of person signing)	
<u> </u>	
(Title of person signing)	