

P1900CGS6G59

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

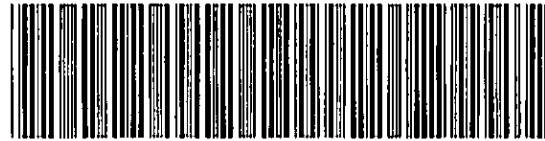
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

6342.795-



300396309803

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

03/30/22--01006--006 \*\*\*10.00

2023 MAR 30 AM 7:57

4/4/2023

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: The Broken Oak Ranches Corp

DOCUMENT NUMBER: P19000080689

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  
Firm/ Company

1305 Jacks Lane  
Address

Ft. Denaud, FL 33935  
City/ State and Zip Code

amiedampier11@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amielee Dampier at (239) 633-9434  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee<br>\$10 balance | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|---|--|---|--|

Mailing Address  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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.

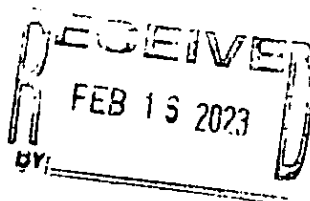
This document was previously filed on January 6, 2023.

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





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:

☒ Change      PT      John Doe

☐ Remove      V      Mike Jones

☒ Add      SV      Sally Smith

Type of Action  
(Check One)

Title

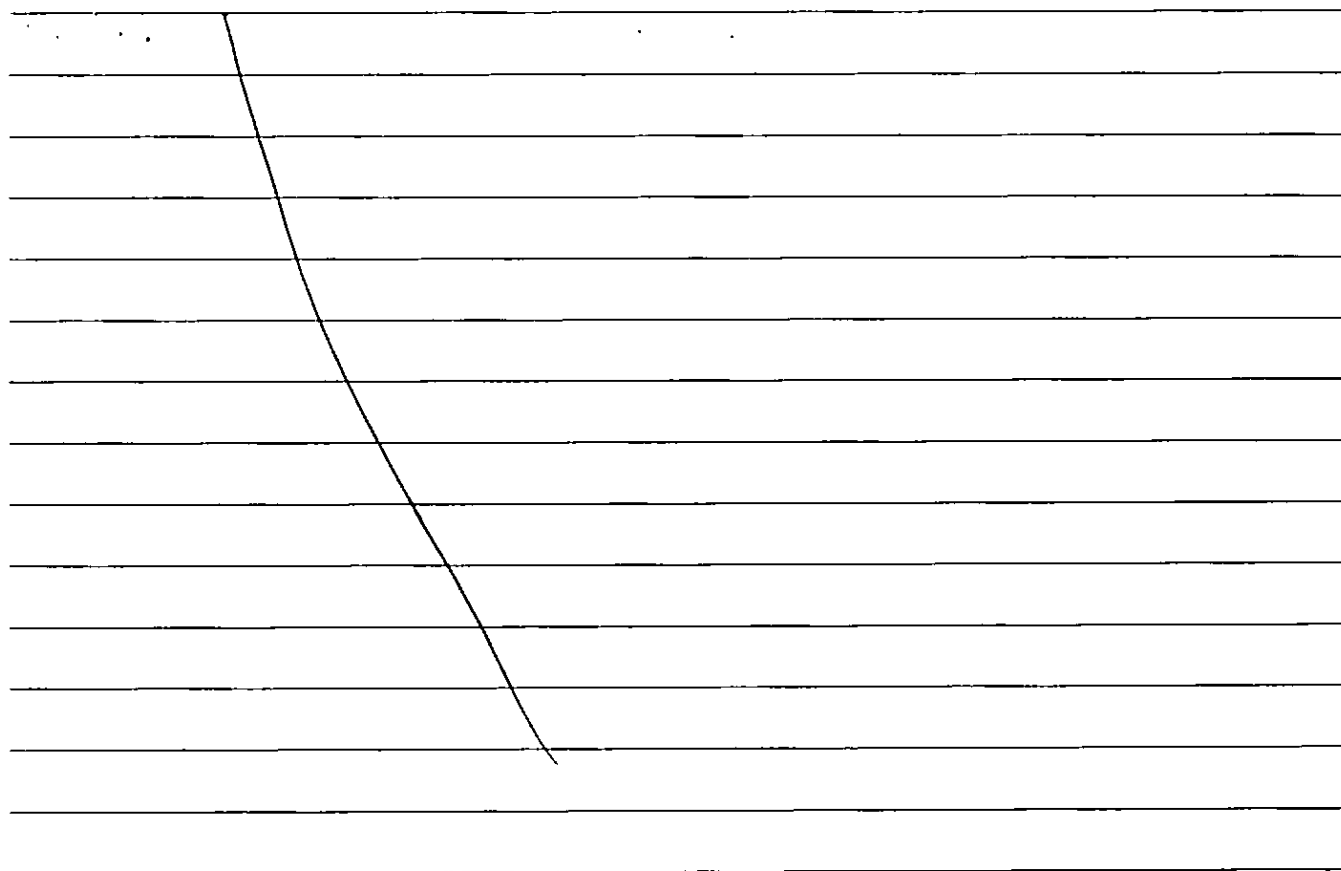
Name

Address

- |   |             |                        |                              |
|---|-------------|------------------------|------------------------------|
| 1) <input checked="" type="checkbox"/> Change | <u>P</u>    | <u>Charles Dampier</u> | <u>1305 Jacks Lane</u>       |
| <input type="checkbox"/> Add                  |             |                        | <u>Fort Denaud, FL 33935</u> |
| <input type="checkbox"/> Remove               |             |                        |                              |
| 2) <input checked="" type="checkbox"/> Change | <u>V, S</u> | <u>Amie L. Dampier</u> | <u>1305 Jacks Lane</u>       |
| <input type="checkbox"/> Add                  |             |                        | <u>Fort Denaud, FL 33935</u> |
| <input type="checkbox"/> Remove               |             |                        |                              |
| 3) <input type="checkbox"/> Change            |             |                        |                              |
| <input type="checkbox"/> Add                  |             |                        |                              |
| <input type="checkbox"/> Remove               |             |                        |                              |
| 4) <input type="checkbox"/> Change            |             |                        |                              |
| <input type="checkbox"/> Add                  |             |                        |                              |
| <input type="checkbox"/> Remove               |             |                        |                              |
| 5) <input type="checkbox"/> Change            |             |                        |                              |
| <input type="checkbox"/> Add                  |             |                        |                              |
| <input type="checkbox"/> Remove               |             |                        |                              |
| 6) <input type="checkbox"/> Change            |             |                        |                              |
| <input type="checkbox"/> Add                  |             |                        |                              |
| <input type="checkbox"/> Remove               |             |                        |                              |

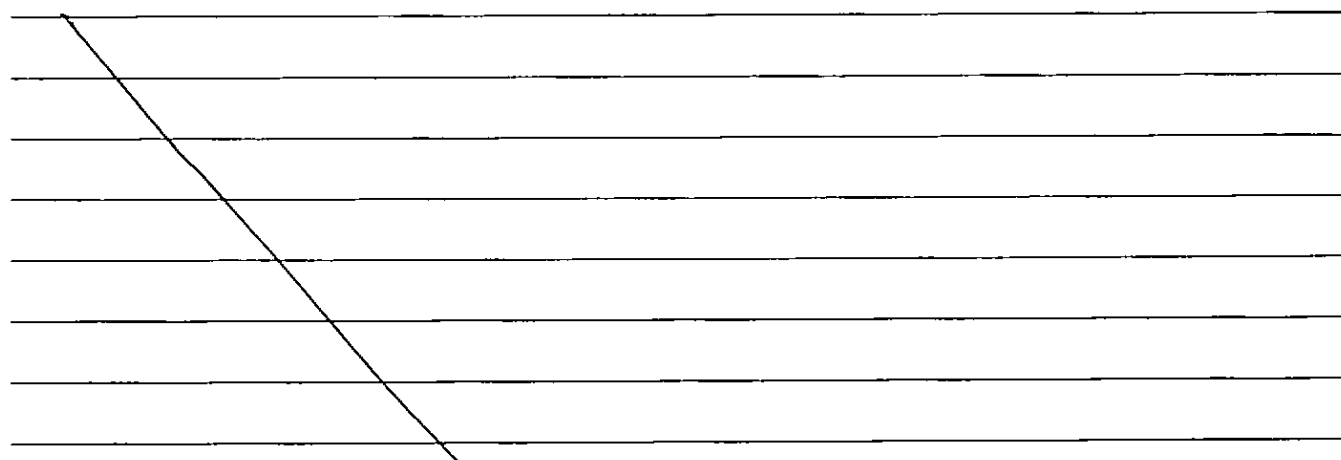
**E. If amending or adding additional Articles, enter change(s) here:**

*(Attach additional sheets, if necessary). (Be specific)*



**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

*(if not applicable, indicate N/A)*



The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**Adoption of Amendment(s) (CHECK ONE)**

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_  
(voting group)

Dated Feb 5, 2023

Signature Amie Lee Dampier  
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Amie Lee Dampier  
(Typed or printed name of person signing)

V.S.  
(Title of person signing)