## P22000081628

(Red	questor's Name)	
(Add	lress)	
(Add	lress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doo	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	filing Officer:	

Office Use Only



700419288407

11/27/23--01083--020 +•35.00

## COVER LETTER

TO: Amendment Section Division of Corporations

.

NAME OF CORPORATION: Longham	onn Land Service Cons.
DOCUMENT NUMBER: PZZ0800	181658
The enclosed Articles of Amendment and fee are s	ubmitted for filing.
Please return all correspondence concerning this m	atter to the following:
	Name of Contact Person
Lomponn	Land Service Comp
	Firm/ Company  New Point Ad.
	Address  2 +a FL 3 4 Z 3    City/ State and Zip Code
3.000	City/ State and Zip Code
Longhon	vland Service @ 6 mail. Con used for future annual report notification)
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, ple	ase call:
Jeffrey Schermarhan	at (941) 313-5603
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount mad	e payable to the Florida Department of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$643.75 Filing Fee Certified Copy (Additional Copy 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

Taliahassee, FL 32303



December 14, 2023

JEFFREY SCHERMERHORN 1532 STICKNEY POINT ROAD SARASOTA, FL 34231

SUBJECT: LONGHORN LAND SERVICE CORP.

Ref. Number: P22000081628

We have received your document for LONGHORN LAND SERVICE CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan Regulatory Specialist III

www.sunbiz.org

DO DOVINGE IN 11 1 DO

Letter Number: 023A00028559

## Articles of Amendment to Articles of Incorporation

Lorshonn Land S	envice	Conp.			
(Name of Corporation as cur	rrently filed with the	e Florida Dept. of St	tate)		
P 220000 8	71628	<u>_</u>			
(Document Nun	iber of Corporation (	if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	i, this <i>Florida Profit</i> :	Corporation adopts t	he following arr	nendment(	s) t
A. If amending name, enter the new name of the corporation	on:				
Donnelalle aventalias			TL	e new	
name must be distinguishable and contain the word "corporatio" line, " or Co.," or the designation "Corp," "Inc," or "Co" chartered," "professional association," or the abbreviation	o". A professional	incorporated" or the corporation name n	abbreviation "C	Corp., "	
B. Enter new principal office address, if applicable:					
(Principal office address <u>MUST BE A STREET ADDRESS</u> )			ÄLL	024	
		<del> </del>	22	¥F	- <del>-</del> ;
			<u> </u>	<del>=</del> ;:	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			in: m,	_ ; _ = :	··
(Mutting uttaress SIAT BE A POST OFFICE BOX)				<del>-2</del>	· ·
			<del>- 2</del> :-	<u>က်</u> သ	<del>ر</del> ر
	<del></del>		<u>A</u>	<u>&amp;</u>	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad	e address in Florida  dress:	enter the name of t	he		
Name of New Registered Agent					
	· <del>-</del> -	WT 12			
(Flor	ida street address)				
New Registered Office Address:		, Flori		<del></del>	
	(Cuy)		(Zip Code)	J	
New Registered Agent's Signature, if changing Registered A		, ,,,			
I hereby accept the appointment as registered agent. I am fam	iliar with and accept	the obligations of the	e position.		

Signature of New Registered Agent, if changing

Check it 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 Doc	È					
X Remove	<u>V</u>	Mike Jon	<u>nes</u>					
X Add	<u>SV</u>	Sally Sm	i <u>ith</u>					
Type of Action (Check One)	Title		<u>Name</u>	,		<u>Addres</u> s		
1) Change	VP		Lonn	e Lon	se weck	el		
<b>X</b> Add		_			<del></del>	1532 StickNey & Sanasota 14 3423	3. ml	Nd.
Remove						Sanas: 14 3423	<u> </u>	
2) Change	ρ	_ /	velly	Longer	10-1			
Add			,	3		1532 Stickney 1	oint.	Nel
_ <b>X</b> Remove						1537 Stickner 1 Sanasola Fl 3423	1	
3) Change		_						
Add								
Remove								
4) Change Add		_						
Remove								
51 Change								
Add								
Remove								
6) Change								
Add								
Remove								

amending or adding additional Art auch additional sheets, if necessary).	(Be specific)		
			<del></del>
	<del></del>		
		<del>.</del>	
···			
		* *******	
an amendment provides for an exeprovisions for implementing the am	nange, reclassification, or cancella endment if not contained in the ar	ation of issued shares, mendment itself:	
(if not applicable, indicate N/A)		•	
	-		
3			

.

.

The date of each amendment(s) adoption: $1-8-2024$ , if other than the ate this document was signed.
ffective date if applicable: 1-2-2021  (no more than 90 days after amendment file date)
ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ocument's effective date on the Department of State's records.
doption 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 east 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 anust he 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)    Voting group   Voting group
(Typed or printed name of person signing)
VP - National Network LLC (Title of person signing)