

106000004629

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

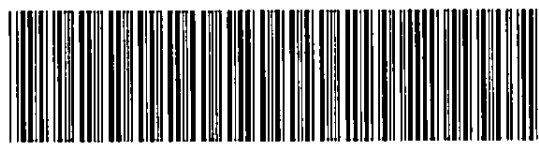
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:  
  
J. HORNE  
APR 21 2023

Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2023 APR 20 PM 4:18  
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115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: I20000000088

Date: 04/20/2023

Name: Greg Pintacuda

Reference #: 1966855

Entity Name: IDAHO TIMBER OF MOUNTAIN HOME, LLC

- Articles of Incorporation/Authorization to Transact Business
- Amendment
- Change of Agent
- Reinstatement
- Conversion
- Merger
- Dissolution/Withdrawal
- Fictitious Name
- Other \_\_\_\_\_

Authorized Amount: \$25

Signature:



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TALLAHASSEE, FL 32301  
P: 866.625.0838  
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Account#: 120000000088

Date: 04/20/2023

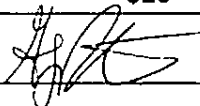
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Idaho Timber of Mountain Home, LLC

Enter new principal office address, if applicable: 9600 SW Barnes Road, Suite 200

(Principal office address  
MUST BE A STREET ADDRESS) Portland, OR 97225

Enter new mailing address, if applicable: 9600 SW Barnes Road, Suite 200

(Mailing address  
MAY BE A POST OFFICE BOX) Portland, OR 97225

2. The Florida document number of this limited liability company is: M106000004629

3. Jurisdiction of its organization: Idaho

4. Date authorized to do business in Florida: 08/21/2006

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Cogency Global Inc.

New Registered Office Address: 115 North Calhoun Street, Suite 4

*Enter Florida Street Address*

Tallahassee Florida 32301  
*City Zip Code*

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Shawn Linan Shawn Linan, Assistant Secretary  
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Chardaho, LLC	520 Madison Ave. 10th Floor	<input type="checkbox"/> Add
		New York, NY 10022	<input checked="" type="checkbox"/> Remove
MGRM	IDT Holding, Inc.	9600 SW Barnes Road, Suite 200	<input checked="" type="checkbox"/> Add
		Portland, OR 97225	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required; no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

*Vicki Shaylor*

\_\_\_\_\_  
Signature of the authorized representative

Vicki Shaylor

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**