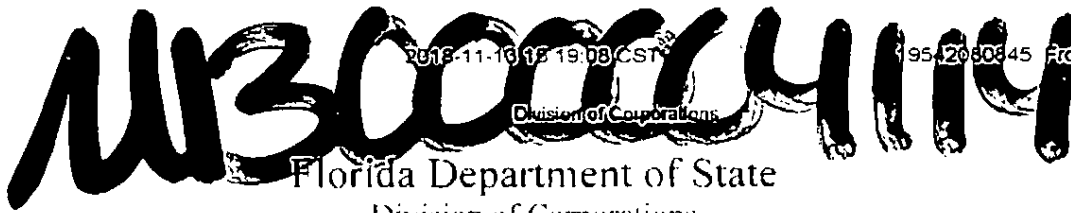


11/13/2018



9542080845 From: Ranae McGraw

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SUWANNEE LUMBER COMPANY LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

2018 NOV 14 AM 7:00

FILED

2018 NOV 14 P 6:49

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11/15/18 DS

**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: Suwannee Lumber Company LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M1300004114

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: June 28, 2013

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

5. New name of the limited liability company: Confifex Cross City LLC
(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: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida

_____, 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.

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)(b), indicate that change:

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Conifex Holdco LLC	40 S.W. 10th Street Cross City, FL 32628	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
MGR	Sunshine Lumber Holding Company LLC		<input checked="" type="checkbox"/> Add
		40 S.W. 10th Street Cross City, FL 32628	<input checked="" 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.

Yuri Lewis
Signature of the authorized representative

Yuri Lewis, Chief Financial Officer

Typed or printed name of signer

Filing Fee: \$25.00

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF AMENDMENT OF "SUWANNEE LUMBER
COMPANY LLC". CHANGING ITS NAME FROM "SUWANNEE LUMBER COMPANY
LLC" TO "CONIFEX CROSS CITY LLC", FILED IN THIS OFFICE ON THE
NINTH DAY OF NOVEMBER, A.D. 2018, AT 6:57 O'CLOCK P.M.

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2018 NOV 14 P 6:50



5351261 8100
SR# 20187580319

You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State

Authentication: 203890017
Date: 11-13-18

State of Delaware
Secretary of State
Division of Corporations
Delivered: 06:57 PM 11/09/2018
FILED: 06:57 PM 11/09/2018
SR 20187580219 : FileNumber 5351261

**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: Suwanee Lumber Company LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

Article 1. is amended to read:

1. The name of limited liability company is Conifex Cross City LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 9th day of November, A.D. 2018.

By: *Yuri Lewis*
Authorized Person(s)

Name: Yuri Lewis
Print or Type

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