204000009667

| (Requestor's Name) | |
|---|--------|
| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | • |
| (Document Number) | · · |
| Certified Copies Certificates of Status | ; |
| Charial Instructions to Elling Officer | • |

Special Instructions to Filing Officer:

A. LUNT

JUN 1 6 2009

EXAMINER

Office Use Only



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SECRETARY OF STATE
ALLAHASSEE, FINALE

COVER LETTER

| TO: Registration S Division of Co | Section Orporations | • | | |
|-----------------------------------|---|---|--|------|
| SUBJECT: | J'S Troe See Name of Limi | ted Liability Company | · · · · · · · · · · · · · · · · · · · | |
| The enclosed Articles of | f Amendment and fee(s) are sub | mitted for filing. | | |
| Please return all corresp | oondence concerning this matter | to the following: | | |
| | Timott | y Stinson Name of Person | | • |
| | TJ3 | TREE SELVICO Firm/Company | 2009. | |
| • | 250 Lad | dic Kennedy Rd | SECRETARY OF ALLAHASSEE. | TILE |
| | Reidsville | City/State and Zip Code | AF IO: 3 | Ö |
| | CALEY GOOLG | 8 0 Acl Com o be used for future annual report notifica | tion) | |
| For further information | concerning this matter, please c | all: | | |
| Timothy | Stin son of Person | at (V13) B76 - 59 Area Code & Daytime T | Elephone Number | |
| Enclosed is a check for | the following amount: | · | | • |
| \$25.00 Filing Fee | 30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | |
| | | | | |

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Name of the Limited Liability Comp (A Florida Limited | any as it now appears Liability Company) | on our records.) | | |
|---|--|---|--|--|
| The Articles of Organization for this Limited Liability Compan Florida document number 10-100009 [1017]. | | • | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited lia | bility company here | : | | |
| The new name must be distinguishable and end with the words "Lin"L.L.C." | nited Liability Compan | y," the designation "LLC" or the abbreviation | | |
| Enter new principal offices address, if applicable: | | 200 SEL | | |
| (Principal office address MUST BE A STREET ADDRESS) | ****** | AR C | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | SEE. FLORIDA | | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he | | or records, enter the name of the new | | |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | Ente | Enter Florida street address | | |
| | | , Florida | | |
| | City | Zip Code | | |
| New Registered Agent's Signature, if changing Registered Agen | <u>t:</u> | | | |
| I hereby accept the appointment as registered agent and ag the provisions of all statutes relative to the proper and com | | | | |

If Changing Registered Agent, Signature of New Registered Agent

accept the obligations of my position as registered agent as provided for in Chapter 608, 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|------------------------------------|--|-----------------------|
| MGL. | Timothy Stinson | 350 Laddie Kennedy Pd. Reidsville Gia 3255 | Add Remove |
| <u>Morm</u> | Timothy J. Stinson | 10001 US HWY 98 1000 City, FL 33523 | Add Remove |
| <u>mblm</u> | Marshal Stinson | 630 Laddie Konnedy Id Reidsville, E.A. 301530 | Add Remove |
| <u>Merm</u> | John Stinson | PO BOX 1273 Wimahma FL 33598 | Add Kemove |
| m | tuse tremore. John | s) here: (Attach additional sheets, if necessary & Stinson and add be exempt on as | Add Add See An ID: 35 |
| - | Signature of a mergaer of Typed of | r printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00