

# LO5000123506

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

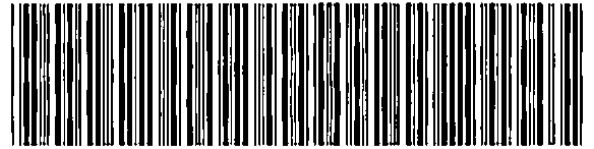
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: S & STIMBERLANDS, LLC.  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

THOMAS R. JORDAN

Name of Person

WHOLE HDG DEVELOPMENT LLC.

Firm/Company

3506 HARDWAY HWY

~~2445 HARDWAY 2~~

Address

CHATAHOOCHEE, FL. 32324

City/State and Zip Code

archited@newspace.info

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

THOMAS R. JORDAN

Name of Person

at ( 950 ) 445-1323

Area Code

Daytime Telephone Number

*Call when Dan*

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 Address:

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SANDS TIMBERLANDS, LLC.

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/29/2005 and assigned Florida document number L05000123506

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

MGR - THOMAS JORDAN  
3506 HARDWAY HWY  
CHATTahoochee, FL.  
32324

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

3506 HARDWAY HWY  
CHATTahoochee, FL  
32324

**B. If amending the registered agent and/or registered office 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:

NO CHANGE

New Registered Office Address:

Enter Florida street address

Florida

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.*

**If Changing Registered Agent, Signature of New Registered Agent**

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being a or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>THOMAS R.</u>	<u>3506 HARDAWAY HWY.</u>	<input checked="" type="checkbox"/> Add
	<u>JORDAN</u>	<u>CHATTahoochee, Ga.</u>	<input type="checkbox"/> Remove
		<u>32324</u>	<input checked="" type="checkbox"/> Change
<u>MGR</u>	<u>SCHNEPP,</u>		<input type="checkbox"/> Add
	<u>CLIFFORD J.</u>	<u>2290 BAIN BRIDGE HWY</u>	<input checked="" type="checkbox"/> Remove
		<u>QUINCY, FL. 32352</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

REMOVE ALL REFERENCE TO  
CLIFFORD J. SCHNEFF SCHNEFF

REMOVE ALL REFERENCE OF ADDRESS  
OTHER THAN  
3506 HARDAWAY HWY.  
CHATTANOOCHEE, FL. 32324

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

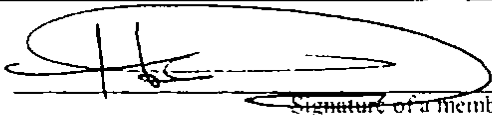
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated

3 FEB 2021



Signature of a member or authorized representative of a member

THOMAS R. JORDAN

Typed or printed name of signer