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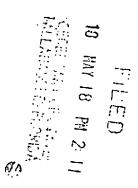
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Special Instructions to	Filing Officer:	
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COVER LETTER

		istration Secti sion of Corpo				
elib irz	~rp.	BEAUCHAN	IP FORESTRY ENTERPRIS	SES, LLC		
SUBJEC	۰۱: ۱		Name of Limit	ted Liability Company		
The enct	osed	Articles of Ar	mendment and fee(s) are subm	nitted for filing.		
Please re	turn	all correspond	ence concerning this matter t	o the following:		
			NANCY L. BEAUCHAM	P		
				Name of Person		
				Firm/Company		
			4800 NE 13th Street			
				Address		. .
			Ocala, FL 34470			
				City/State and Zip Code		
			E-mail address: (to	o be used for future annual r	report notification)	
For furth	er in	formation con	cerning this matter, please ca	II:		
		Name of P	erson	at () Area Code	Daytime Telepho	ne Number
Enclosed	l is a	check for the	following amount:			
■ \$25.0	00 Fi	lling Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

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, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BEAUCHAMP FORESTRY ENT	ERPRISES, LLC		
(Name of the Lim	ited Liability Company (A Florida Limited Lia	as it now appears on our reco bility Company)	rds.)
The Articles of Organization for this Limited I	Liability Company w	ere filed on 08/18/2010	and assigned
Florida document number L10000086584			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liabili	ty company here:	
The new name must be distinguishable and contain the	words "Limited Liability	Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		·
(Principal office address MUST BE A STRE.	ET ADDRESS)		
Trinegia office address 11051 DE A STREET ADDRESS			E9 = -
			0 ITI
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		g.,	··· 7
			gb .
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered office address here:	ce address on our recor	ds, enter the name of the
Name of New Registered Agent:	NANCY L. BEA	UCHAMP	
New Registered Office Address:	4800 NE 13th Str	cet	
	-	Enter Florida street addi	ress
	Ocala	J	Florida ³⁴⁴⁷⁰
		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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	NANCY L. BEAUCHAMP	4800 NE 13th Street	= Add
		Ocala, FL 34470	☐ Remove
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			Add
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reffective date is listed, the date must	be specific and cannot be prior to date o	f filing or more than 90 days after filing.) Pursuant to 605.020
cument's effective date on the Dep	partment of State's records.	autory filing requirements, this date will not be listed a
record specifies a delayed	effective date, but not an ef	fective time, at 12:01 a.m. on the earlier of
he 90th day after the reco	rd is filed.	
April 7. 46	2018	
ed April 38 /4		
67	Roul I	resentative of a member
I aw	i Deal Mall	7

Page 3 of 3

Typed or printed name of signce

Filing Fee: \$25.00