

L110000002329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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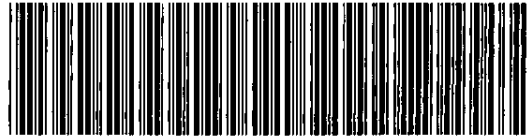
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

DEC 9 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DEEP SOUTH FORESTRY 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:

WILLIAM D KOON III

Name of Person

DEEP SOUTH FORESTRY LLC

Firm/Company

444 SW KOON HOLLOW GLEN

Address

FT WHITE, FL 32038

City/State and Zip Code

DKOON2424@GMAIL.COM

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

For further information concerning this matter, please call:

WILLIAM D KOON III

Name of Person

at (386)

365-6966

Area Code & Daytime Telephone 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DEEP SOUTH FORESTRY 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 JAN 5, 2011 and assigned Florida document number L11000002329.

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 end with 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)

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Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

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 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 Changing Registered Agent, Signature of New Registered Agent

• If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	AMANDA CLANTON	PO BOX 245 FT WHITE, FL 32038	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	WILLIAM D KOON III	PO BOX 245 FT WHITE, FL 32038	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	WILLIAM D KOON III	PO BOX 245 FT WHITE, FL 32038	<input checked="" type="checkbox"/> Add <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

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

AMENDING TO CHANGE WILLIAM D KOON III FROM MGR TO MGRM.

WILLIAM D KOON III IS SOLE OWNER AND OPERATOR OF SAID LLC. HE

HOLDS 100 PERCENT OF ALL AND ANY SHARES IN LLC. HE IS THE ONE

AND ONLY PERSON WHO IS IN CHARGE OF ALL AND ANY OPERATING

AGREEMENTS FOR ANY LOANS.

Dated DEC 6, 2011



Signature of a member of authorized representative of a member

WILLIAM D KOON III

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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