L11000052813

(Requestor's Name)	
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TELANAST PARTITIONS

. COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Hilltop Timberlands, 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:	7814 751
Dale K. Crisp	
Name of Person	, 400 무필
Hilltop Timberlands, LLC	
Firm/Company	
5108 Harbor Point Circle	
Jacksonville, FL 32210	
City/State and Zip Code	
dcrisp@kendale.net E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Dale K. Crisp 904, 838-9344	
Name of Person Area Code Daytime Telephone Number	_
Enclosed is a check for the following amount:	

MAILING ADDRESS:

☐ \$30.00 Filing Fee &

Certificate of Status

□ \$25.00 Filing Fee

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

STREET/COURIER ADDRESS:

\$60.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

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

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hilltop Timberlands, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L11000052813</u> .		6/2013 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
• ,		
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or the	f = , ym =====
Enter new principal offices address, if applicable:	5108 Harbor Point Circle	
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, FL 32210	Commence of the Commence of th
		9 22
Enter new mailing address, if applicable:	5108 Harbor Point Circle	
(Mailing address MAY BE A POST OFFICE BOX)	Jacksonville, FL 32210	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		er the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

MGR = AMBR =	Manager Authorized Member	•	
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			Remove
			Add
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			□ Remove
			
		 	□ Add
			☐ Remove
			Add
			Remove
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D.	if amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)				
		1	•		
			i i		
					
. (Effective date, if other The effective date must be sp the date this document is file			led date and cannot be r	(optional) nore than 90 days after
	Dated July 9		2014		
	Met)	ans		·	
	Dale K.	Signature of Crisp	a member or autho	orized representative of	a member
				d name of signee	

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Filing Fee: \$25.00