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(Address)
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(City/State/Zip/Phone #)
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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJI	ECT:	erry's L	OGG ING ited Linkliny Configury	
The en	iclosed Articles of	Amendment and fec(s) are sub-	mitted for filing.	
			ů.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Jerry Derr	Jaunton Name of Person 45 Logging Firm/Company	<u>. </u>
			Firm/Company	
		638 F	Roberts Cemeter	y Road
			History Florida City/State and Zip Code	
		F-mail hiddress (i	lay faye @ gmail, and be used for future annual report notific	eation)
For fur	ther information co	oncerning this matter, please co		•••••
J.	erry T.	Taunton (Person	at (<u>850</u>) <u>3 S1-</u> Area Code Daytime	7748 Telephone Number
Enclos	ed is a check for th	e following amount:		
5∕\$2	5.00 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 Addres	<u>s:</u>	Street Address:	•

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

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

<u> </u>	15 LO	19ina		
(<u>Nume of the Limit</u>	cd Liability Compa (A Florida Limited L	ny as it now appears on a hability Company)	our records.)	
The Articles of Organization for this Limited Li	ability Company	were filed on $1 - 1$	6-2011	and assigned
Florida document number 11000				
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liabi	ility company here:		
The new name must be distinguishable and contain the w	ords "Limited Liabili	ity Company," the designa	tion "I.I.C" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applica	able:			
(Principal office address MUST BE A STREE	T ADDRESS)			
	f			
Enter new mailing address, if applicable:	,			
(Mailing address MAY BE A POST OFFICE I	BOX)			·
				· :
B. If amending the registered agent and/or reagent and/or the new registered office addres		ddress on our record	s, enter the name	of the new registere
agent and/or the new registered office addres	<u>s nere</u> .			
Name of New Registered Agent:		<u>.</u>		
New Registered Office Address:				
•		Enter Florida str	eet address	
	<u> </u>		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 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>	Address	Type of Action
MGR	Peter Thomas Taunton	638 Roberts Cenatery Rua- Weisch Achka, F.L. 3246	L texuu
		Wewchitched, F.L. 324C	ら □Remove
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ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90tl filed.	i day after the
d August 12. 2024.	
Signature of a member or authorized representative of a member	
Jerry Journ JERRY T. Tank WTO 11 Typed or primed name of signee	