L13000156790

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SECRETARY OF STATE FALLAHASSEE, FLORIDA

DEC - 6 2013

T. BROWN

COVER LETTER

,TO:

Registration Section
Division of Corporations

SUBJECT:

H & R Timber Farm, 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:

Bennett D. Golden

Name of Person

HSG Accounting Inc.

Firm/Company

2012 Lisenby Ave. Suite A

Address

Panama City, FL 32405

City/State and Zip Code

Ben@hsgaccounting.com

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

For further information concerning this matter, please call:

Bennett D. Golden

850 215-3093

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

S25.00 Filing Fee

S25.00

©\$30.00 Filing Fee & Certificate of Status □\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) Cl\$66.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TAIL SECULOS ANII. 13

H & R Timber Farm, 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 Con	npany were filed on 11/07/2013	and assigned	
Florida document number <u>L13000156790</u>			
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited	d liability company here:		
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," the desi	gnation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	SS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or register- registered agent and/or the new registered office addres		, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida s	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 Type of Action Address **Title** <u>Name</u> 902 E. 8th Street William Rhodes **MGRM** Lynn Haven, FL 32444 902 E. 8th Street Claire Rhodes **MGRM** Lynn Haven, FL 32444 Add Remove Remove

	, <u></u>		
. 2013			
a member or auth	norized representat	ive of a member	
	f'a member or autl		f a member or authorized representative of a member

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Filing Fee: \$25.00