13000164384

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PICK-UP WAIT MAIL
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COVER LETTER

Division of Cor	porations				
SUBJECT: Masi	gold Ridge Name of Limit	ed Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Showi T. G+H Land	Graham Name of Person Timber Invest Firm/Company	ments LC		
	P.O. Box 1	Lo94 Address		2	
	Callahan	FL 3 2011 City/State and Zip Code		2014 JAW	CENTER IN
	Shan Qah	landinvest, Com	ion)	<u>-</u> 5	
For further information c	oncerning this matter, please ca	all:		A Pi	(
Shari Gran	aham f Person	at (904) 759-3 Area Code Daytime Te	1789 Ephone Number	 69	
Enclosed is a check for the	ne 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 a		

TO:

Registration Section

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

Marigold Ridge	LLC			
(Name of the Limited Liabili	ity Company as it now appears on a Limited Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Florida document number 13000 (64384		2 13 and	d assigne	d
	1 .			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company here:			
		· · · · · · · · · · · · · · · · · · ·		
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company,"	the designation "LLC" o	r the abbi	eviation
Enter new principal offices address, if applicable:				
• • •		C 46	201	
(Principal office address MUST BE A STREET ADD	KESSI	173 1947a)		emegra.
		an Til	7>- -d2-	
			5	E
Enter new mailing address, if applicable:		197	**************************************	17
(Mailing address MAY BE A POST OFFICE BOX)				1
		70 12		
			6 0	
B. If amending the registered agent and/or registered agent and/or the new registered office ad		records, enter the na	me of t	he new
Name of New Registered Agent:				
New Registered Office Address:				
-	Enter F	lorida 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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Bennett's Property Services Inc.	P.D. Book 8918 Jacksonville, FL 32239	Add
			AddRemove
		7	Add
			Add
			AddRemove
			AddRemove

If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b		
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Shaw Shake		
Shaw I Shake	:. Effectiv	e date, if other than the date of filing: (optional) ive date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b
Signature of a member or authorized representative of a member	If an effect	e date, if other than the date of filing:
	If an effect	ive date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b)

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Filing Fee: \$25.00

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