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COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT: Cra		ell Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Shari T. (Svalvy Name of Person		
	G+ H Land	1 a Timber Invest Firm/Company	ments LLC	_
	P.O. BOX 14	Address		
	Callahan,	FL 32011 City/State and Zip Code		A I
	Shan Oahl E-mail address: (1	and invest, Com to be used for future annual report notifical	tion)	PE STATE
For further information c	concerning this matter, please ca	all:		語与
Shari Gra	f Person	at (904) 759-Q Area Code Daytime Te	782 elephone Number	
Enclosed is a check for the	he 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 Stat Certified Copy (additional copy i	

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

	, Flori City	ida Zip Code	
		Enter Florida street address	
New Registered Office Address:	Entar Flavida stva	oat addrass	
Name of New Registered Agent:			
B. If amending the registered agent and/or re registered agent and/or the new registered office a		enter the name of the new	
(Muning duaress MAT BE AT OST OFFICE BOX)		<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		33.5	
Enter new mailing address, if applicable:		SSE I	
(Principal office address MUST BE A STREET AD	DRESS)	parame	
Enter new principal offices address, if applicable:			
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the design	nation "LLC" or the abbreviation	
A. If amending name, enter the new name of the l	imited liability company here:		
This amendment is submitted to amend the following	:		
Florida document number <u>1300017028</u>	<u>36</u> .		
The Articles of Organization for this Limited Liability		and assigned	
(A Flori	ility Company as it now appears on our recorda Limited Liability Company)	<u></u> ,	
Crawford Bidge (Name of the Limited Light)	ility Company as it now appears on our recor	<u>ds:)</u>	

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 = Manager

AMBR = Authorized Member <u>Title</u> **Type of Action** <u>Name</u> <u>Address</u> MGR Bennett's Property P.O. Box 8918 Vadd Services Inc. Jacksonville FL 32239 Remo Remove Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b)
Dated January 9, 2014.
Shaw I Dear
Signature of a member or authorized representative of a member
Shari T. Graham
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

