114000 039 692

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



300333639013

09/03/19--01015--025 ★*****25.00



Amend

SEPT 1 2019

1 ALECTION

COVER LETTER

SUBJECT:	hade Timber Name of Lim	LLC	
	Name of Lim	ited 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:	
	Wad	Rame of Person	
		Le Timber LLC Firm/Company	<u> </u>
		Skeen Rd Address	
	Love 0	GK FL 32060 City/State and Zip Code	<u> </u>
		o (a) m5n - C-om to be used for future annual report noti	
For further information e	oncerning this matter, please ca	all:	
Wade 7 Name o	Tomas of Person	at (<u>386</u>) <u>580 -</u> Area Code Daytime	7582 e Telephone Number
Enclosed is a check for the	he following amount:		
权 \$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 enclosed)
Mail	ING ADDRESS:	STREET/COURI	ER ADDRESS:

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

Registration Section Division of Corporations

TO:

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

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Shode Timber LLC	-
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	y appears on our records.) mpany)
The Articles of Organization for this Limited Liability Company were filed	I on $3-10-2014$ and assigned
Florida document number <u>L/4/000039647</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	any here:
The new name must be distinguishable and contain the words "Limited Liability Compan	y," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·
	Θ
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	7:
B. If amending the registered agent and/or registered office address here:	ess on our records, enter the name of the n
Name of New Registered Agent:	
New Registered Office Address:	
E	tter Florida street address
City	, Florida
New Registered Agent's Signature, if changing Registered Agent:	Zip Code

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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Actio
MNG	Lawrence W. Albritton	401 SW Parker Lane	₽ -Add
		Lake City, FL 32024	□ Remove
			Change
			Remove
			Change
			Add
			□ Remove
			Change
			□ Add
			□ Remove
			Change
			🗆 Add
		□ Remove	
		Change	
			□ Add
		_□ Remove	
			_□ Change

It an el Note:	tive date, if other than the date of filing://
The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier a 90th day after the record is filed.
Dated	Signature of a member or authorized representative of a member
	Wade DITE
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	Typed or printed name of viance

Page 3 of 3

Filing Fee: \$25.00