# L14000039692

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(Ad	dress)	
 (Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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Amend

NOV 1 2 2019 I ALBRITTON

### **COVER LETTER**

	egistration Se ivision of Cor			
(1111 II)		MBER LLC		•
SUBJECT	·	Name of Limi	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please retu	irn all correspo	ndence concerning this matter	to the following:	
		Lawrence W. Albritton		
			Name of Person	
		Shade Timber LLC		
			Firm/Company	
		6497 Skeen Rd.		
			Address	<del></del>
		Live Oak, Fl. 32060		
			City/State and Zip Code	
		dubalbritton@gmail.com		
		E-mail address: (t	o be used for future annual report notif	lication)
For further	information c	oncerning this matter, please ca	ill:	
Lawrence	W. Albritton		386 719-0248	
	Name o	f Person		e Telephone Number
Enclosed is	s a check for th	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 enclosed)

MAILING ADDRESS:

TO:

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

SHADE TIMBER 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 Company were filed on 3/10/2014	and assigned
Florida document number 1.14000039692	

riorida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	company here:
The new name must be distinguishable and contain the words "Limited Liability Co	The Laboration of LCCC and the state of LCCCC
The new name must be distinguishable and contain the words. Limited Liability Co	ompany, the designation (LLC) or the anbreviation (L.L.C.)
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	,
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	ŭ.
	-

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:	Lawrence W. Albritton	
New Registered Office Address:	6497 Skeen Rd.	
	Enter i	Florida street address
	Live Oak	. Florida <sup>32060</sup>
	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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

#### MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
Mgr	Wade D. Thomas	6497 Skeen Rd.	
			Add
		Live Oak, Fl. 32060	_
		-	■ Remove
			Change
			□ Remove
			Change
			Add
		<del></del>	Remove
		<del></del>	Change
			∩ Add
			☐ Remove
			Change
			Remove
			Change
<u></u>		<del></del>	Add
		<del> </del>	Remove
			🗖 Change

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Typed or printed name of signee

Filing Fee: \$25.00