

L14 000072836

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(Address)

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(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers JAN 16 2015

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: R & G Timber and Land Managment 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:

Richard Knowles

\_\_\_\_\_  
Name of Person

R & G Timber and Land Managment LLC

\_\_\_\_\_  
Firm/Company

16405 SW Mimosa ST

\_\_\_\_\_  
Address

Blountstown, FL 32424

\_\_\_\_\_  
City/State and Zip Code

bettsforestryervices@yahoo.com

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

For further information concerning this matter, please call:

Richard Knowles

850 508-0684  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:**

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**

**R & G Timber and Land Managment 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 May 05, 2014 and assigned  
Florida document number L14000072836.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "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)

**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:

Greg Betts

New Registered Office Address:

18431 NW Jap Austin RD

*Enter Florida street address*

Blountstown

*City*

Florida

32424

*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.*

X Greg Betts  
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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Richard Knowles	16405 SW Mimosa ST	<input type="checkbox"/> Add
		Blountstown FL 32424	<input checked="" type="checkbox"/> Remove
AMBR	Tinorio Ziggler	16538 SE Pear ST	<input type="checkbox"/> Add
		Blountstown, FL 32424	<input checked="" type="checkbox"/> Remove
AMBR	Willie Grant JR	169363 SE County RD 69	<input type="checkbox"/> Add
		Blountstown, FL 32424	<input checked="" type="checkbox"/> Remove
AMBR	Willie Grant SR	11875 SE County RD 69	<input type="checkbox"/> Add
		Blountstown, FL 32424	<input checked="" type="checkbox"/> Remove
MGR	Greg Betts	18431 NW Jap Austin RD	<input type="checkbox"/> Add
		Blountstown, FL 32424	<input checked="" type="checkbox"/> Remove
AMBR	Andrew Armstrong	2660 HWY 69	<input checked="" type="checkbox"/> Add
		Grandridge, FL 32442	<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

AMBR Anthony Forte PO BOX 403 Hosford, FL 32334

AMBR Scott Adkins PO BOX 403 Hosford, FL 32334

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated January 1, 2015

*Richard Knowles*

Signature of a member or authorized representative of a member

*Richard Knowles*

Typed or printed name of signee

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Filing Fee: \$25.00

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