## L14000152617

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## **COVER LETTER**

TO: Registration Se Division of Cor			<b>\</b>
	MBER, LLC		
SUBJECT:	Name of Lim	ited 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:	
	CHRIS A. BULLARD		
		Name of Person	
		Firm/Company	
	PO BOX 1733		
		Address	
	LAKE CITY, FL 32056		
		City/State and Zip Code	
	AUDREYSBULLARD@A  E-mail address: (	OL, COM to be used for future annual report no	otification)
For further information c	oncerning this matter, please c		
CHRIS A. BULLARD		386 755-4050	
Name o	f Person	Area Code Dayti	me Telephone Number
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 enclosed)
Mailing Addres		Street Address:	
Registration S	Section	Registration S	

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

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BAKER TIMBER, LLC		•	
(Name of the Limi	ited Liability Compan (A Florida Limited Li	y as it now appears on our records. ability Company)	
The Articles of Organization for this Limited L Florida document number <u>L14000152617</u>		were filed on September 30, 2014	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liabil	ity company here:	
The new name must be distinguishable and contain the	words "Limited Liability	y Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:		
Principal office address MUST BE A STREA	<u>ET ADDRESS)</u>		
Enter new mailing address, if applicable:			
<u>Mailing address MAY BE A POST OFFICE</u>	E BOX)		
B. If amending the registered agent and/or agent and/or the new registered office address.	registered office a ess here:	ddress on our records, <u>enter t</u> l	ne name of the new registe
Name of New Registered Agent:	CHRIS A. BUL	LARD	
New Registered Office Address:		Enter Florida street address	
		Ela.	rida
		, Floi	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 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>	<u>Name</u>	Address	Type of Action
MGR	BULLARD, AUDREY S.	PO BOX 1733	□ Add
		LAKE CITY, FL 32056	
			Change
			□ Add
			□Remove
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<b>Tective date, if other the</b> an effective date is listed, the dote: If the date inserted in ocument's effective date or	this block does not	t meet the applicat	date of filing or more ble statutory filing t	(option than 90 days after frequirements, this	nal) iling.) Pursuant to 605. date will not be liste	.020 ed as
record specifies a delayed of is filed.	effective date, but n	ot an effective tin	ne, at 12:01 a.m. on	the earlier of: (b)	The 90th day after	r the
JULY 8		2024	- Also	)		
			4/1/50	Maul		