## L14000187567

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### cdSign Envelope ID: 0F7C9316-69B3-4DAD-AC63-96E702AEA049 COVER LETTER

TO: Registration So Division of Cor		•	•
Pine Needl	-		
SUBJECT:	Name of Lin	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Farrar J. Barker		
		Name of Person	
	Barker Williams, PLLC		
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	Firm/Company  60 Clayton Lane  Address		
		Address	
	Name of Person  Barker Williams. PLLC  Firm/Company  60 Clayton Lane  Address  Santa Rosa Beach, Florida 32459  City/State and Zip Code  Bill.Alexander@chem-air.com  E-mail address: (to be used for future annual report notification)  oncerning this matter, please call:  at (		
		City/State and Zip Code	
	•		
			ication)
ror further information c	oncerning this matter, please c	au:	
Farrar J. Barker			
Name o	f Person	Area Code Daytimo	Telephone Number
Enclosed is a check for t	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: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

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# TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pine Needle Way LLC			
(Name of the Lim	ted Liability Company as it now as (A Florida Limited Liability Compa	opears on our records.) iny)	
The Articles of Organization for this Limited I Florida document number L14000187567	iability Company were filed or	12/09/2014 and assigned	
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability compan	<u>v here</u> :	
Pine Needle Way 2 LLC			
The new name must be distinguishable and contain the	words "Limited Liability Company,"	the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if appli	rable:		
		<del> </del>	
Principal office address MUST BE A STREE	ET AUDKESS)	<u></u>	
		·	
		ئ د د	
Enter new mailing address, if applicable:	. 5		
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
		<u> </u>	
		· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or	registered office address on o	ur records, enter the name of the new registe	
agent and/or the new registered office addre	ess here:	cn	
Name of New Registered Agent:	Registered Agent Solutions, Inc.		
New Registered Office Address:	2894 Remington Green Ln.,	Ste A	
	Enter	r Florida street address	
	Tallahassee	, Florida 32308	
	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.

Mackenzie Hibler Asst Secretary
If Changing Registered Agent, Signature of New Registered Agent

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II amending Authorized rerson(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>	<u>Address</u>	Type of Action
MGR	William H. Alexander	7545 Haygood Rd	■Add
		Shreveport, LA 71107	⊡Remove
			Change
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			Remove
		<del> </del>	Change
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Effective data if other than the	data of filing	_			(ontional)	
Effective date, if other than the fan effective date is listed, the date must Note: If the date inserted in this blodocument's effective date on the Defective date.	ock does not m	eet the applica	able statutory f	or more than 90 d Thing requireme	_ (optional) ays after filing.) P ints, this date w	ursuant to 605,0207 III not be listed as
ne record specifies a delayed The 90th day after the reco		ate, but no	t an effectiv	e time, at 1	2:01 a.m. or	n the earlier of
October 9		2023				
/ Demolograph by						
With alliends						
With already	Signature of a m	nember or autho	rized representa	tive of a member	<del></del>	

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Filing Fee: \$25.00