L15000014871

(Requestor's Name)	_
(Address)	_
(Address)	
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
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(Document Number)	
Certified Copies Certificates of Status	_
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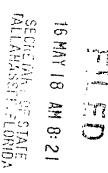


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DEPARTMENT OF STATE

J. HARRIS



COVER LETTER

Div	ision of Corp	orations		
SUBJECT:		JTHERN FORESTRY, LLC		
SCINECT.		Name of Limi	ted Liability Company	
The enclosed	d Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return	all correspon	dence concerning this matter t	to the following:	
		Leland H Taylor		
		CANALIA SI STATE S	Name of Person	
		GREAT SOUTHERN FOR	RESTRY, LLC	
		* 12	Firm/Company	
		3320 Old Lloyd Rd.		
			Address	
		Monticello, FL 32344		
			City/State and Zip Code	
		greatsouthernforestry@gma		
		E-mail address: (1	to be used for future annual report notific	ation)
For further i	nformation co	ncerning this matter, please ca	all:	
Leland H Ta	aylor		850 544-3095 at ()	
	Name of	Person		Celephone Number
Enclosed is	a check for th	e 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

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

Name of New Registered Agent:		
9 9		enter the name of the new
(Mailing address MAY BE A POST OFFICE BOX	2	
Enter new mailing address, if applicable:		77 6 : 50 A
(Principal office address MUST BE A STREET AL	ODRESS)	
Enter new principal offices address, if applicable:		Es E
The new name must be distinguishable and contain the words	'Limited Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) e Articles of Organization for this Limited Liability Company were filed on price of the Limited Liability Company were filed on the price of the limited Liability Company were filed on the price of the limited Liability Company were filed on the limited Liabi		
This amendment is submitted to amend the following	g:	
Florida document number L12000014871 LISO	DOO14871	and assigned
(<u>Name of the Limited Lia</u> (A Fl	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit	ability Company as it now appears on our records.) orida Limited Liability Company) ty Company were filed on ²⁶ January, 2015	and assigned

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGB	Chase Leamon Parker	20747 Leamon Rd,	₽ Add
		Sanderson, Florida 32087	□ Remove
			Change
MGR	C. R. Daniels-Sakim	741 W. St Augustine	■ Add
		Tallahassee, Florida 32304	□ Remove
			Change
		<u> </u>	Add
			□ Remove
			Change
	-		
			□ Remove
		· · · · · · · · · · · · · · · · · · ·	□ Change
			Add 6 Remove 18 Change FLORD Add ORD Add ORD Add ORD Add ORD ORD ORD ORD ORD ORD ORD O
		****	□ Remove
			☐ Change

	s any other miori	nauon, enter ci	nange(s) nere	; (Allach daall	ional sheets, if n	ecessary.)	

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	····						
If an effective of Note: If the	ate, if other than t date is listed, the date n date inserted in this effective date on the	nust be specific and s block does not r	cannot be prior to meet the applic	o date of filing or m able statutory fili	ore than 90 days afte	otional) er filing.) Pursuant this date will no	t to 605.0207 ot be listed
	specifies a delay n day after the r			t an effective	time, at 12:0	1 a.m. on th	e earlier
Dated May	18, 2016					ΤAS	erranda
			; <u>/_</u>	 '		CL A	ô Ma
	1 Km	Signature of a	member or auth	orized representativ	e of a member	<u> </u>	~< ———
			01 4441	preseman			C O :
<u></u>	C. R. Daniels-Sakim					-केर्नु न्या वर्षा हुन्य	*

Page 3 of 3

Filing Fee: \$25.00