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SECRETARY OF JUNE

THAR 30 AM 7:

COVER LETTER

Registration Section Division of Corporations

TO:

Meredith I. SUBJECT:	and Clearing, LLC		7
	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Troy E. Meredith, Jr.		
		Name of Person	
	Meredith Land Clearing, I	LC	
		Firm/Company	7
	4079 CR 119		
		Address	
	Bryceville, FL 32009		
		City/State and Zip Code	
	kathy.meredith@cndtruckir	· •	
	E-mail address; (to be used for future annual report noti	tication)
For further information c	oncerning this matter, please c	all:	
Troy E. Meredith, Jr.		904 813-1745	
Name o	t Person	at () Area Code Daytim	e 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 Registration 9 Division of C	Section orporations	<u>Street Address;</u> Registration Se Division of Cor	porations
P.O. Box 632 Tallahassee, 1		The Centre of T	'allahassee e Street, Suite 810
rananassee, i	しょうこうしゃ	Z4 E5 .N. MODIO	e Street, Sinie 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Meredith Land Clearing, LLC

company has been notified in writing of this change.

This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Meredith Forestry Services, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Meredith Forestry Services, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation of the 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)	ALL AHA
A. If amending name, enter the new name of the limited liability company here: Meredith Forestry Services, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:	ALL AHA
Meredith Forestry Services, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation of the new principal offices address, if applicable: [Principal office address MUST BE A STREET ADDRESS] Enter new mailing address, if applicable:	ALL AHA
The new name must be distinguishable and contain the words "Limited Liability Company," the designation of the new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:	ALL AHA
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Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
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3. If amending the registered agent and/or registered office address on our records	, <u>enter the name of the new regi</u>
igent and/or the new registered office address here:	
Name of New Registered Agent:	
	15
New Registered Office Address:	
Enter Florida stree	u address
	Florida
City	, Florida Zip Code

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. Thereby confirm that the limited liability

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>	Address	Type of Action
			⊐Add
			□Remove
			□Change
			□Add
			□Remove
		ALLAHA	⊒
		HASSEE FLORIDA	GRemove Remove 7:Change
			□Add
			□Remove
			Change
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ective date, if other than the d	ate of filing:			(ontional)		
ective date, if other than the d effective date is listed, the date must te: If the date inserted in this bloo	oe specific and cam	not be prior to date	of filing or more than	90 days after filing.) F	ursuant to 60;	5,020 ted a
ument's effective date on the Dep	partment of State	s records.	actions among requir	ements, this date w	II HOU DE HS	teti n
cord specifies a delayed effective stiled.			12:01 a.m. on the e	arlier of: (b) The ^c)0th day afte	er the
ed March 27	Mulionature of a memi	020				

Typed or printed name of signee