15000119279

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COVER LETTER

	gistration Sec vision of Corp					
SUBJECT		REST SOLUTIONS, LLC				
Name of Limited Liability Company						
The enclose	ed Articles of A	amendment and fee(s) are subi	nitted for filing.			
Please retur	n all correspon	dence concerning this matter	to the following:			
		My Corporation Business S	Services, Inc.			
			Name of Person			
			Firm/Company			
		23586 Calabasas Road, Su	ite 102			
			Address			
		Calabasas, CA 91302				
			City/State and Zip Code			
		processing@mycorporation				
		E-mail address: (t	o be used for future annual report notif	fication)		
For further	information co	ncerning this matter, please ca	ıll:			
,		877 672-6772				
	Name of	Person	Area Code Daytimo	e Telephone Number		
Enclosed is	a check for the	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:

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

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TO ARTICLES OF ORGANIZATION

FILED 2015 AUG 19 PM 3: 33

PRIME FOREST SOLUTIONS, 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 07/10/2015 Florida document number L15000119279 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Prime Forestry Solutions, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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: New Registered Office Address: Enter Florida street address

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.

City

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: 2015 AUG 19 PM 3: 33 Type of Action MGR = Manager AMBR = Authorized Member SECRETARY OF STATE TALLAHASSEE. FLORIDA **Title** Name **Address** □ Add □ Remove ☐ Change ___ 🗆 Add _□ Remove _□ Change □ Add ☐ Remove _□ Change _□ Add _□ Remove Change ☐ Change □ Remove

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lf an effec <u>Note:</u> H	e date, if other than the date of filing: (optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t's effective date on the Department of State's records.	(3)(E the
e reco The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of Oth day after the record is filed.	:
Dated	August 11 , 2015. Supply T. Supply Signature of a member or authorized representative of a member	
	Signature of a member of subburized representative of a member	
	Jeffrey Swett, Authorized Member	

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Filing Fee: \$25.00