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DIVISION OF CORPORATIONS 18 JUL 19 PH 12: 45

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Triple L. Timber Harvesting, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael Brett Libby Name of Person
Triple L Timber Harvesting, LIC
P.O. Box 337
Hilliard FL 32046
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:

Michael Brett Libby at (904) 838-2578 Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

S25.00 Filing Fee

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□ \$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF TYPEL TIMDEY Havesting, UC (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 <u>Aug. 24, 2016</u> and assigned Florida document number <u>LIA 000159427</u> . This amendment is submitted to amend the following: A. If amending name, <u>enter the new name of the limited liability company here</u> :			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	_552073 US HWY 1		
<u>(Principal office address MUST BE A STREET ADDRESS)</u>	_Hilliard, FL 32046		
Enter new mailing address, if applicable:	PO Box 337		
<u>(Mailing address MAY BE A POST OFFICE BON)</u>	Hilliard, FL 320416		

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:	Michael B	wett Libby	
New Registered Office Address:	552073 US HWY 1		
	Hilliard	, Florida <u>32046</u>	

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.

Mi for Bent 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 Membe

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A	VI.	вк	=	Au	tnor	'ized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Authorized Member	Bryan Dale Libby	1796 Thompkins Landin Hilliard, FL 32046	gd Add
Mernser		Hilliard, FL 32046	Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated July 16 Signature of a member or authorized representative of a member M. dal

Michael Brett Libby Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00