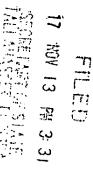
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

Division of Corporations	
SUBJECT: M 5 Pine Tree Forms 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:	
Morvis C. Hatch JR. Name of Person	
MS Pine Tree Forms LLC Firm/Company	
Por Box 1273 Address	
Cross City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Moruis Haitch at (352) 356-2856 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \(\text{Certificate of Status} \) \(\text{Certified Copy} \) \(\t	

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

Name of the Limited Liability	Company as it now appears on our Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Co	ompany were filed on	_
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	1 address
		, Florida
	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.

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 of removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
Pa	Marvis C. Hatch JR	P.O.BOX 1273	D Add
		Cross City	□ Remove
		F1, 32628	Change
V.P.	Sherrey A. Hatch	P.O. BOX 1273	Add
		Cross City	Remove
		F1, 32628	Change
			🗆 Add
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Page 3 of 3

Filing Fee: \$25.00