K18000130900

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	ne #)
	, wait	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
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2022 SEP -6 PM 1: 00

COVER LETTER

TO:

Registration Section Division of Corporations

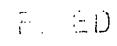
Tallahassee, FL 32314

SUBJECT:	North Flori	da Timber MGMT, LLC				
SUBJECT		Name of Limited Liability Company				
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	rall correspo	ondence concerning this matter	to the following:			
		Chance Knowles				
			Name of Person			
		North Florida Timber MG	MT, LLC			
			Firm/Company			
		548 Eddie Avery rd				
	•		Address			
		Climax Ga 39834				
			City/State and Zip Code			
		Northfloridatimbermanager				
			to be used for future annual report no	otification)		
For further i	nformation c	oncerning this matter, please co	all			
Chance Kno	owles		850 8676135 at ()			
	Name o	f Person	Area Code Dayti	me Telephone Number		
Enclosed is	a check for th	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)		
	iling Addres gistration (Street Address: Registration S	ection		
	•	orporations	Division of Corporations			
P.0	 Box 632 	.7	The Centre of	Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION (E.) OF



North Florida Timber MGMT LLC

2022 SEP -6 PH 1:50

123	Florida Limited Liability Company)
The Articles of Organization for this Limited Liab Florida document number 1.18000130900	ility Company were filed on 5/25/2018 and assigned and assigned
This amendment is submitted to amend the following	
A. If amending name, <u>enter the new name of th</u>	e limited liability company here:
Diamond C Contracting LLC	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the abbreviation "L L.C."
Enter new principal offices address, if applicabl	le:
(Principal office address MUST BE A STREET A	ADDRESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BO	2X)
agent and/or the new registered office address b	nere:
Name of New Registered Agent:	stered office address on our records, enter the name of the new registeronere: Enter Florida street address
Name of New Registered Agent:	Enter Florida street address
Name of New Registered Agent:	Enter Florida sireet address

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
			□Remove
			☐ Change
			□Add
			□Remove
			☐ Change
			□Remove
			□Change
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				<u>. </u>			
ective date effective dat	e, if other than the te is listed, the date mus	date of filing at be specific and	;: cannot be prior	to date of filing or	(more than 90 days	optional) catter filmg) Purs	auant to 605 0201
<u>e:</u> If the da	ate inserted in this bl fective date on the D	ock does not m	icet the applica	ible statutory fil	ing requirement	s, this date will	not be listed as
anen sen	cerve date on the 17	eparment or or	ate s records				
cord specifi	ies a delayed effectiv	e date, but not :	an effective ti	me, at 12:01 a.m	, on the earlier o	of: (b) The 90t	h day after the
s filed.	·						-
June 6			2022				
ed		7 .		·			

Typed or printed name of signee