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## COVER LETTER

| TO:          | Registration Se<br>Division of Cor |   |   |   |
|--------------|------------------------------------|---|---|---|
| CUDI         | 320 Nassa                          | nu LLC  |   |   |
| SUBJ         | ECI:                               | Name of Lin                                     | nited Liability Company   |   |
| The en       | closed Articles of                 | Amendment and fee(s) are sub                    | omitted for filing.   |   |
| Please       | return all correspo                | indence concerning this matter                  | to the following:   |   |
|              |                                    | Shari Graham                                    |   |   |
|              |                                    |   | Name of Person  | -   |
|              |                                    | G&H Land and Timber I                           | nvestments LLC  |   |
|              |                                    | <del></del>                                     | Firm/Company  | <del></del>   |
|              |                                    | PO Box 1694                                     |   |   |
|              |                                    |   | Address   | <del></del>   |
|              |                                    | Callahan, FL 32011                              |   |   |
|              |                                    |   | City/State and Zip Code   | <del></del>   |
|              |                                    | ashley.landspecialty@gm                         |   | <del></del>   |
| For fur      | ther information co                | n-mail address: (                               | to be used for future annual report notif                           | ication)  |
| Shari        | Graham                             |   | 904 879-2091<br>at ()   |   |
| -            | Name of                            | f Person  | Area Code Daytime   | : Telephone Number  |
| Enclos       | ed is a check for th               | ne following amount:                            |   |   |
| <b>■</b> \$2 | 5.00 Filing Fee                    | □ \$30.00 Filing Fee &<br>Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

| ility Company as it now appears on our records.) ida Limited Liability Company)  |   |
|--|---|
| Company were filed on June 5, 2018   | and assigned  |
| <u> </u>   |   |
|  |   |
| the Articles of Organization for this Limited Liability Company were filed on June 5, 2018 and assigned dorida document number   |   |
| imited Liability Company," the designation "LLC" of  | r the abbreviation "L.L.C."   |
|  |   |
| Florida document number  L18000139483  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."  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 name o |   |
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|  | enter the name of the no  |
| idiess neie.   |   |
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|  | <del></del>   |
| Enter Florida street address   |   |
|  |   |
| , Flori  | Zip Code  |
|  | Company were filed on June 5, 2018  mited liability company here:  imited Liability Company," the designation "LLC" of DRESS)  DRESS  Enter Florida street address  Florida |

## 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 we 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 Registrand Age

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 |
|--------------|-----------------------|--------------------|----------------|
| MGR          | Nassau Management LLC | 542190 US Hwy 1    | Add            |
|              |                       | Callahan, FL 32011 | ■ Remove       |
|              |                       |                    |                |
|              |                       |                    | Add            |
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|   |                     |                    |                      |                         |                    |                 |
| Effective data if other than t  | ne date of filing   | ,•                 |                      | (antio                  | nal)               |                 |
| Effective date, if other than the fan effective date is listed, the date in | ust be specific and | cannot be prior to | date of filing or mo | re than 90 days after f | iling.) Pursuant t | o 605.020       |
| Note: If the date inserted in this document's effective date on the         | block does not m    | ect the applicab   | le statutory filing  | requirements, this      | date will not be   | e listed a      |
| document of the control date on the   | beparment of S.     | 3 100010           |                      |                         |                    |                 |
| ne record specifies a delay   | ad affactive d      | ate but not        | an effective ti      | ma at 12:01 a           | m of the s         | <b>ed</b> ier o |
| The 90th day after the re   |                     | ace, but HVL (     | an enective til      | ne, at 12.01 d.         | Fig                |                 |
| ·   |                     |                    |                      |                         | <b>≥</b> 2.        | <b>E</b> 17     |
| June 15<br>Dated  |                     | 2018               |                      |                         | <b>S</b> 2.        |                 |
| \ ^   | <del></del>         | •                  | , <b>'</b>           |                         |                    |                 |
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| $\sim \sim 1.0$   |                     |                    |                      |                         |                    |                 |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00