# L18000139882

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(Ad	ldress)	
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(Cit	ty/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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## CORPORATE

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236 East 6th Avenue. Tallahassee, Florida 32303

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	3 PINES LLC	
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### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 DEC 21 AM 9: 39

**3 PINES 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 06/07/2018 \_\_ and assigned Florida document number L18000139882 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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 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 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 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
AMBR	Howell, Laura S.	4545 Ortega Blvd.	<b>=</b> Add
		Jacksonville, Florida 32210	□Remove
			□Change
MGR	Howell, P. Alden	1341 Avondale Avenue	□Add
		Jacksonville, Florida 32205	□Remove
			= Change
			□Remove
			□ Change
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effective date is listed, the date must	be specific and cannot be prior to d	ate of filing or more than 90 da	avs after filing.) Pursuant to 605.020
e: If the date inserted in this blo ument's effective date on the De	ock does not meet the applicable partment of State's records	statutory filing requirement	nts, this date will not be listed a
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cord specifies a delayed effective	date, but not an effective time	at 12:01 a.m. on the earlie	r of: (h) The 90th day after the
s filed.	the first an enterine tille,	at 12.01 a.m. on the carrie	on (o) The John day after the
December 15	2022		
<i></i>	LAMA KINA		
Cleanor Simm	iona / ling		

Filing Fee: \$25.00