L18000 202453

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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COVER LETTER

	Registration Se Division of Cor			
SUBJEC	Maple and	Resin LLC		
OODJEC		Name of Lin	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		Joshua Ball		
			Name of Person	
		Maple and Resin LLC		
		1301 Riverplace Blvd Suit	Firm/Company e 813	ZIII APR
		Jacksonville, Florida 3220	Address 7	R-4 P
		joshuaball123@gmail.com	City/State and Zip Code	ORIDA LORIDA
For furthe	er information c	oncerning this matter, please c	to be used for future annual report notionall:	neation)
Joshua B	all		904 9106990 at ()	
	Name o	f Person		e Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	0 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)
	MAILI	ING ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Maple and Resin LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number 118000202453	pany were filed on August 23 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
Cottage Thirteen LLC		
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 ADDRES	<u> </u>	7. 2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		ARY FLOR
B. If amending the registered agent and/or registered agent and/or the new registered office address	red office address on our records, ss here:	enter the name of the no
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	,
	Flo	rida
	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 or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
			Add
			□ Remove
			Change Add D
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ffective date, if other than to an effective date is listed, the date lote: If the date inserted in this ocument's effective date on the	must be specific and cannot be pr s block does not meet the app	nicable statutory min	ore than 90 days a	otional) fter filing.) Pursua this date will not	nt to 605.020 be listed a
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e record specifies a dela The 90th day after the r	yed effective date, but record is filed.	not an effective	ime, at 12:0	$1 \; a.m. \; on \; the$	e earlier (
ated April 1st	, 2018				
	Signature of a member or a				
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