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2024 OCT TO ANTI: O7 SUBLEMENTATIONS SEE FL

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2024 OCT 10 AMII: 01 SECTE ANA SELECTION

RECEIVED

COVER LETTER

	tion Section of Corporations
	Needle Trail
SUBJECT:	Name of Limited Liability Company
The enclosed Arti	eles of Amendment and fec(s) are submitted for filing.
Please return all c	orrespondence concerning this matter to the following:
	Robert S. Williams
	Name of Person
	Williams & Associates, P.A.
	Firm/Company
	701 East Tennessee Street
	Address
	Tallahassee, Florida 32308
	City/State and Zip Code
	rwilliams@williamsassociates.law E-mail address: (to be used for future annual report notification)
For further inform	ation concerning this matter, please call:
Robert S. William	at () 222-0013
	Name of Person Area Code Daytime Telephone Number
Enclosed is a chec	ek for the following amount:
■ \$25.00 Filing	Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Registr Divisio P.O. Bo	Address: ation Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee ssee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Pine Needle Trail, LLC		
(<u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears on our recor a Limited Liability Company)	<u>'ds.</u>)
The Articles of Organization for this Limited Liability C	Company were filed on 9-21-2018	and assigned
Florida document number L18000224992	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
		024 Tr
		000
Enter new mailing address, if applicable:		3
(Mailing address MAY BE A POST OFFICE BOX)		SO TO
Mutting dudress BIAT BE A FOST OF FICE BOX)		<u> </u>
B. If amending the registered agent and/or registere	1 -63	
B. It amending the registered agent and/or registere agent and/or the new registered office address here:	a office address on our records, ente	r the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street addr	ess
	. F	lorida
	City	Zip Code

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 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>	Name	Address	Type of Action
MGR	Frances Sheffield	2928 Wellington Cir, Suite 101	
		Tallahassee, Florida 32309	=Remove
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(If an et Note:	tive date, if other than the date of filing:
he reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Dated	October 10 2024
	$\frac{1}{2}$
	Mgnature of a member

Filing Fee: \$25.00