L19000 128 437

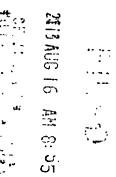
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number))
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



100333130231

08/16/19--01993--033 *+59,99



Y SULKER AUG 2 0 2019



July 10, 2019

VALLEY SAWMILLS LLC 3494 ANDARA LN VERNON, FL 32462

SUBJECT: VALLEY SAWMILLS LLC

Ref. Number: L19000128437

We have received your document for VALLEY SAWMILLS LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 119A00013922

Yasemin Y Sulker Regulatory Specialist III

www.sunbiz.org

COVER LETTER

TO:	Registration Se Division of Cor			
ei ib ir	Valley Saw			
SUBJE	.CI:	Name of Lim	ited Liability Company	
The enc	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please r	return all correspo	ndence concerning this matter	to the following:	
		Douglas S Hooper		
		Valley SawMills, LLC	Name of Person	
		3494 Andara Ln	Firm/Company	<u>-</u> -
		Vernon, FL 32462	Address	
		doug@valleysawmills.com	City/State and Zip Code	
			to be used for future annual report notif	ication)
For furt	her information c	oncerning this matter, please ca	all:	
Dougla	s Hooper		850 866-1149 at ()	Telephone Number
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	ne following amount:		
□ \$ 25	5.00 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)

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

TO:

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

(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) apany)
The Articles of Organization for this Limited Liability Company were filed	on May 13, 2019 and assigned
florida document numberL19000128437	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	any 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:	<u></u>
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
	·
· · · · · · · · · · · · · · · · · · ·	
Mailing address MAY BE A POST OFFICE BOX)	213
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office addre	
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office addre	
Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address here:	
Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address	ess on our records, enter the name of the n
Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address degistered agent and/or the new registered office address here: Name of New Registered Agent:	ess on our records, enter the name of the n
Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address degistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	ess on our records, enter the name of the n
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	ess on our records, enter the name of the n

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Lynne S Hooper		
		3494 Andara Ln Vernon, FL 32462	
		venion, PL 52402	Remove
			Change
			☐ Remove
			Change
			Remove
			Change
			□ Add
			□ Remove
			☐ Change
			☐ Remove
			Change
			□ Add
			Remove
			☐ Change

	
	
_	
ffective	date, if other than the date of filing:
<u>ote:</u> If	ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a 1's effective date on the Department of State's records.
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
ated	August 14 2019

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00