Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C 1 CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)288-8845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TIMBERRIDGE REALTY LLC

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Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

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EXAMINER

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Timber Ridge Realty LLC		
(Name of the Limited Liability Compa (A Florida Limited F	ny as it now appears on our records.) Intidity Company)	
The Articles of Organization for this Limited Liability Company	05/24/2019	and assigned
Plorida document number L19000133708		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LEC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	1168 Evergreen Avenue	
(Principal office address MUST BE A STREET ADDRESS)	Lakewood, New Jersey 08701	
Enter new mailing address, if applicable:	1168 Evergreen Avenue	
(Mailing address MAY BE A POST OFFICE BOX)	Lakewood, New Jersey 08701	<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		the name of the n
Name of New Registered Agent:		=
		30
New Registered Office Address:	Enter Florida street address	ies .
	, Florida	<u>:0</u>
	City	zip Cixir
New Registered Agent's Signature, if changing Registered Agent:		CC
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, and I am for covided for in Chapter 605, F.S. Or,	amiliar with and if this document is
being filed to merely reflect a change in the registered office company has been notified in writing of this change.	address, I hereby confirm that the lin	rited liability
If Chan	ging Registered Agent, Signature of New Re	cistered Ascul

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	
	P Parallel State of the State o		D Add	
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			Change	
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on effective da ote: If the d	te is listed, the date must be specific a	and cannot be prior to dute of t it meet the applicable stutut	(optional) iling or more than 99 days after filing tory filing requirements, this date) Pursuant to 605.020
record sp The 90th o	ecifies a delayed effective day after the record is filed	e date, but not an effe d.	active time, at 12:01 a.m.	on the earlier (
ated				
	alamph	A.		
	Signature of	a member of authorized repre	sentative of a member.	
Λle	xander Koenig, Authorized Rep	A CZEWIRII A G		

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Filing Fee: \$25.00