

8/6/2019

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

H1900023524833708

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)288-0845

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

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SECRETARY OF STATE
TALLAHASSEE FL

2019 AUG -7 PM 4:27
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TIMBERRIDGE REALTY LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

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AUG 08 2019

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TimberRidge Realty 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 May 25, 2019 and assigned Florida document number 119000133708.

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 "LLC."

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 _____
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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	TimberRidge Realty Holdings LLC	174 Governors Road	<input type="checkbox"/> Add
		Lakewood, New Jersey 08701	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Solomon Klein	267 Broadway	<input checked="" type="checkbox"/> Add
		Brooklyn, New York 11211	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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(b) The 90th day after the record is filed.

Dated August 6, 2019

Alvin B.
Signature of a member or authorized representative of a member

Alexander Koenig, Authorized Representative

Typed or printed name of signee

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Filing Fee: \$25.00