L19000136566

(Requestor's Name)	
(Address)	40
(Address)	. •
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	





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Amend

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COVER LETTER

	gistration Sec vision of Corp			
our in zer		DGE OPERATIONS LLC		
SUBJECT:		Name of Limi	ited Liability Company	
The enclosed	d Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Solomon Klein		
			Name of Person	
		TIMBERRIDGE OPERAT	TIONS LLC	
			Firm/Company	·
		1168 EVERGREEN AVE	NUE	
		 	Address	
		LAKEWOOD, NJ 08701		
			City/State and Zip Code	
		cash@centersbusiness.org		
		E-mail address: (1	to be used for future annual report notifi	cation)
For further i	nformation co	oncerning this matter, please ca	ill:	
Mark Laym			718 931 8929 ext	-180
	Name of	Person	at ()	Telephone Number
Enclosed is:	a check for th	e following amount:		
■ \$25.00 F	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 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

TIMBERRI	DGE OPERATIONS L	LC	
(Name of the Limited Liability (A Florida L	Company as it now appea imited Liability Company)	rs on our records.)	 -
The Articles of Organization for this Limited Liability Corlorida document numberL19000136566	mpany were filed on _	05/24/2019	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company h	ere:	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the	designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRE	<u></u>		000
Enter new mailing address, if applicable:			, - - -
Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		n our records, enter	the name of the
Name of New Registered Agent:			
New Registered Office Address:	Enter Fle	orida street address	
		. Florida	
	City	, Fiorida _	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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Richard Soehner	220 SE 48th Court Ocala, Fl 34471	■ Add
			☐ Remove
			Change
	-	<u> </u>	□ Add
			□ Remove
			☐ Change
			□ Add
			Remove
			□ Change
			Add
		-	Remove
			Change
			Add
			Remove
		-	☐ Change
			□ Remove
			☐ Change

r amending any other informa	tion, enter change(s) here: (Al	tach additional sheets, if necessary.)
· · · · · · · · · · · · · · · · · · ·	-	
		
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	<u>-</u>	
		
		(b
in effective date, if other than the fan effective date is listed, the date must be something of the date in this blocument's effective date on the D	ock does not meet the applicable s	(optional) of filing or more than 90 days after filing.) Pursuant to 605.0207 tatutory filing requirements, this date will not be listed as
e record specifies a delayed The 90th day after the rec		effective time, at 12:01 a.m. on the earlier o
September 10th	2019	
		
	Signature of a member or authorized	representative of a member

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Typed or printed name of signee

Filing Fee: \$25.00