## L19000H70H3

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Elbow Cay Lumber	LLC			
		-	:	
	·			
	····		 	
				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
			ļ <del></del>	Merger File
			<b> </b>	Art. of Amend. File
			i	RA Resignation
			<u> </u>	Dissolution / Withdrawal
			<u></u>	Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
			<u> </u>	Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
				Vehicle Search
				Driving Record
Requested by: SETH	06/28/19			UCC 1 or 3 File
Name	Date	Time		UCC 11 Search
	244	inie		UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

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

## ELBOW CAY LUMBER,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 Liabili	ty Company were filed on JUNE 3, 2019	and a	ssigned
Florida document number L19000147043	•		
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company here:		
NORTH ROME LUMBER, LLC	· · · · <del>- · · · -</del>		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the	e abbreviation *	L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AL		•	
			·
			<u>.                                    </u>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	7		<del></del>
		<del>-</del>	<del></del> -
		<u> </u>	19
B. If amending the registered agent and/or registered agent and/or registered agent and/or the registered agent and/or registered agent ag	egistered office address on our records, en	ter the name	ر e of the⊸
registered agent and/or the new registered office a	address here:		T
		<i>5570</i> 13−4	<u> </u>
Name of New Registered Agent:		. '⇔	
- 1911 Of The A (Constituted Agent)		<del></del>	-
New Registered Office Address:		20 20 20	
	Enter Florida street address	<u> </u>	(o) (i) (ii) (ii) (ii) (ii) (ii) (ii) (i
	· · ·	<u> </u>	
New Registered Office Address:	, Florida	<u> </u>	<u>နာ</u>
New Registered Office Address:  New Registered Agent's Signature, if changing Registered	City . Florida	O To Code	 ຕ
New Registered Office Address:  New Registered Agent's Signature, if changing Registered Agent's Proposition of the Registered Agent's Signature as registered agent's Signature.	City Florida  City  ered Agent:  out and agree to act in this capacity. I further	ON DOM	t to
New Registered Office Address:  New Registered Agent's Signature, if changing Registered is the appointment as registered age provisions of all statutes relative to the proper and	City  City  ered Agent:  ent and agree to act in this capacity. I further and complete performance of my duties, and is	Zip Code	ಟ F ply with ti
New Registered Office Address:  New Registered Agent's Signature, if changing Registered age provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the register	City  City  ered Agent:  Int and agree to act in this capacity. I further to complete performance of my duties, and I at agent as provided for in Chapter 605, F.S. Correct office address. I hereby confirm that the	Zip Code	ply with the
	City  City  ered Agent:  Int and agree to act in this capacity. I further to complete performance of my duties, and I at agent as provided for in Chapter 605, F.S. Correct office address. I hereby confirm that the	Zip Code	ply with the
New Registered Office Address:  New Registered Agent's Signature, if changing Registered age provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the register	City  City  ered Agent:  Int and agree to act in this capacity. I further to complete performance of my duties, and I at agent as provided for in Chapter 605, F.S. Correct office address. I hereby confirm that the	Zip Code	ply with the
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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
			□ Add
			D Remove
		<del>,</del>	Change
			□ Add
			☐ Remove
			□ Change
			□ Remove
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ffectiv	tive date, if other than the date of filing:  (optional)  fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02
ote:	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed into a continuous after filing.) Pursuant to 605.02 nt's effective date on the Department of State's records.
o cui i ç	nt's effective date on the Department of State's records.
reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
The 9	Oth day after the record is filed.
ited	June 28 2019
_	
	- Ken RAlem
	Signature of a member or authorized representative of a member
	10.71
	KURT R. PLUM
	KURT R. PLUM  Typed or printed name of signee

Filing Fee: \$25.00