

L19000152723

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

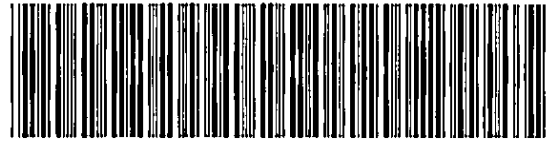
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500331600245

07/05/19--0013--031 • 00.00

2019 JUL 10 10:45
11-11

Amend
Name
ch8

JUL 26 2019
I ALBRITTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TIMBER EMPIRE L.L.C.

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ESTEBANA JEREZ

Name of Person

JEREZ ENTERPRISE AND ASSOCIATES LLC

Firm/Company

5746 S SEMORAN BLVD

Address

ORLANDO, FL 32822

City/State and Zip Code

ESTEBANA.JEREZ@FLINSURANCE-TAXES.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ESTEBANA JEREZ

407 757-0149

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RECEIVED

JUL 25 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 17, 2019

ESTEBANA JEREZ
JEREZ ENTERPRISE & ASSOCIATES
5746 S. SEMORAN BLVD
ORLANDO, FL 32822

SUBJECT: TIMBER EMPIRE L.L.C.
Ref. Number: L19000152723

We have received your document for TIMBER EMPIRE L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to list the new registered agent name and location in the spaces provided.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 419A00014550

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

TIMBER EMPIRE L.L.C.

(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 07/19/2019 and assigned
Florida document number L19000152723.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

TIMBER EMPIRE LLC

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:

12523 EARNEST, AVE

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO, FL 32837

Enter new mailing address, if applicable:

7267 CROSSROADS GARDEN DRIVE, APT 2119

(Mailing address MAY BE A POST OFFICE BOX)

ORLANDO, FL 32821

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:

ESCOBAR, TITO N.

New Registered Office Address:

7267 CROSSROADS GARDEN DRIVE, APT 2119

Enter Florida street address

ORLANDO

Florida 32821

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	ESCOBAR, TITO N.		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		7267 CROSSROADS GARDEN DRIVE, APT 2119 ORLANDO, FL 32821	<input checked="" type="checkbox"/> Change
AMBR	RODRIGUEZ, MARLENYS M		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		7267 CROSSROADS GARDEN DRIVE, APT 2119 ORLANDO, FL 32821	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change



(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated JULY 19 2019

9

Signature of a member or authorized representative of a member

TITO N. ESCOBAR

Typed or printed name of signee