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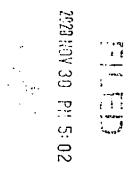
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: WOODS Land-Management U.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:
Jordan Woods Name of Person
Woods Land-Management L.C.C
192 Hurtig Ave. Address
Palm Bay, Fl 32907 City State and Zip Code
WOOdslandmanagement agmail. Com E-mail address: (to be used for futurannual report notification)
For further information concerning this matter, please call:
Karissa Myers at (321) 6/55001
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

WOODS LAND-MANAGEMENT LLC



JORDAN WOODS

320-432-9363

UIGENSE (# 20-EX-CT-00082

WOODSLANDMANAGEMENT@GMAILCOM

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Woods land - N	1anagement L.C.
(<u>Name of the Limited</u> (/	I Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Lial Florida document number <u>L 2 0 0 0 0 7 3</u>	
This amendment is submitted to amend the follow	ving:
A. If amending name, enter the new name of t	he limited liability company here:
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicat	ole:
(Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE B	<u> </u>
B. If amending the registered agent and/or reg agent and/or the new registered office address	istered office address on our records, <u>enter the name of the new registered</u> 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 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
MGR	Johnny Banker	192 Hurtig Avenue	<i>5X</i> Add
	3	Palm Bay, Fl	□ Remove
		32907	□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			Remove
			Change
			□Add
			🗆 Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Would like to add Johnny Barker as
a Manager and owner of woods land-Management
Tordan Woods - 517, Owner
Johnny Bancer- 49% Owner
E. Effective date, if other than the date of filing:
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated 8 16/2020
Signature of a member or authorized representative of a member Jordan Woods Buskes Typed or panted name of signee

Filing Fee: \$25.00