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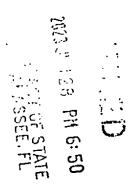
(Requestor's Name)	_
(Address)	_
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PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	-
Special Instructions to Filing Officer:	٦

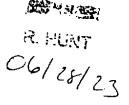




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COVER LETTER

TO: Registration Sec Division of Corp			
SHRJECT: It's Ruff Tre	e Service & Sawmilling, LLC	;	
		ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
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: \	Steve A Glaze		
		Name of Person	
Si e e	It's Ruff LLC		A
		Firm/Company	ر م المجار دري
	12/20 011/00 226		
1.19	12670 SW CR 275	Address	
î.			- J
	BLOUNTSTOWN, FL 32		PM 6: 50
4 •		City/State and Zip Code	50 配
	cristletaylor3@gmail.com		•
For further information co	e-mail address: (to be used for future annual report notif all:	neation)
Cristle G Glaze		at (850) 447-4584	
Name of	Person		e Telephone Number
: Enclosed is a check for th	e 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)
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Mailing Address Registration S Division of C	Section	Street Address: Registration Sec Division of Cor	
P.O. Box 632	•	The Centre of T	-
Tallahassee, F	FL 32314	2415 N. Monro Tallahassee, FL	e Street, Suite 810 . 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

It's Ruff Tree Service & Sawmilling 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 02/27/20 and assigned Florida document number __L20000065765 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: IT'S RUFF 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: (Principal office address MUST BE A STREET ADDRESS) Fh Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) (1 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registerec agent and/or the new registered office address here: CRISTLE GLAZE Name of New Registered Agent: 12670 SW CR 275 New Registered Office Address: Enter Florida street address £ ti BLOUNTSTOWN City

New Registered Agent's Signature, if changing Registered Agent:

: ..

11

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

1.6

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>Fitle</u> <u>Name</u> <u>Address</u>		Type of Action	
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i .		CLARKSVILLE, FL 32430	≣ Remove
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ord specifies a delay filed.	ved effective date,	but not an	effective time	e, at 12:01 a.m	. on the earlier	of: (b) The	90th day a	fter 1
d Qune	23	tuy	2023 1					
	Signatu	re of a mem	ider or authoria	req y e presentati	ve of a member			