

L20000 132066

(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



400347277154

07/08/20--01010--022 **25.00

2020 JUL -8 AM 8:34

FILED

2020 JUL 8 11:14

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DEADWOOD FELLING AND DIRT WERKS 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:

TIMOTHY E MEISTER

Name of Person

DEADWOOD FELLING AND DIRT WERKS

Firm/Company

139 BOBCAT TRL

Address

FT MCCOY, FL, 32134

City/State and Zip Code

MEISTER.IRB@GMAIL.COM

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

For further information concerning this matter, please call:

TIMOTHY E MEISTER

727
at ()

560-0121

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 Address:

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

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

DEADWOOD FELLING AND DIRT WERKS L.L.C.

2020 JUN -8 AM 8:34

(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 05/15/2020 and assigned
Florida document number 120000132066.

This amendment is submitted to amend the following:

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

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)

DEADWOOD WERKS AND DIRT WERKS

139 BOBCAT TRL

PALATKA, FL, 32134

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

TIMOTHY E MEISTER

New Registered Office Address:

139 BOBCAT TRL

Enter Florida street address

FT MCCOY, FL

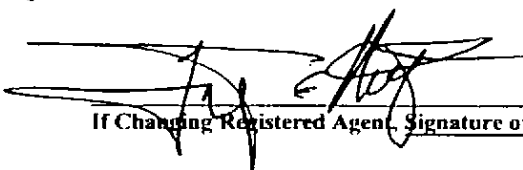
Florida 32134

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>
MGR	TIMOTHY E MEISTER	139 BOBCAT TRL., FT MCCOY, FL 32134	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LISA M MEISTER	139 BOBCAT TRL., FT MCCOY, FL 32134	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CURTIS K CURTIS	240 BIG BUCK RD, FT MCCOY, 32134	<input type="checkbox"/> Add
			<input checked="" 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

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

THIS AMENDMENT IS TO CORRECT THE FOLLOWING
CORRECTIONS AND CHANGES ARE MADE IN THIS DOCUMENT
~~RECEIVED~~

THIS IS A SUMMARY OF COLLECTIONS AND CHANGES

CORRECT PRINCIPAL ADDRESS - (REMOVE "UN" FROM ADDRESS)
CORRECT ARTICLE III NAME (CHANGE MIDDLE FROM "M" TO "E")

ADD TIMOTHY E MEISTER AS MANAGER

REMOVE - LISA MEISTER & CURTIS K CURTIS FROM RECORDS

THANK YOU VERY MUCH!

TIM MEISTER

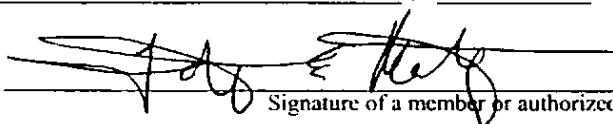
E. Effective date, if other than the date of filing: _____ (optional)

(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.

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 07/06/2020 9:17 A.M.



Signature of a member or authorized representative of a member

TIMOTHY E MEISTER

Typed or printed name of signee