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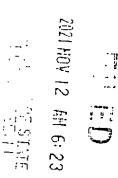
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COVER LETTER

TO:	Registration So Division of Cor		, "	• •		
CHDH	OZARK T	IMBER COMPANY, LLC	· ·			
Name of Limited Liability Company						
		Amendment and fee(s) are sub	_			
		Kathleen A. Kadyzewski				
For further Kathleen A			Name of Person	 ·		
		Murphy Reid, LLP				
			Firm/Company			
	11300 U. S. Highway One, Suite 401					
Address Palm Beach Gardens, FL 33408						
		mmakhoul@murphyreid.com E-mail address: (to be used for future annual report notification)				
For fur	ther information c	oncerning this matter, please c	•	ice in the second		
Kathle	en A. Kadyzewski	i	561 355-8800 at ()			
	Name o	f Person		e Telephone Number		
Enclose	ed is a check for th	ne following amount:				
□ \$2:	5.00 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

OZARK TIMBER COMPANY, LLC

2021 HOV 12 AM 6: 23

(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 February 12, 2021 Florida document number ______L21000074584 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CROOKED CREEK RANCH, 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) 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: New Registered Office Address: Enter Florida street address

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

, Florida

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>	Address	Type of Action
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fec	tive date, if other than the date of filing: (optional)
n e	ffective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	nent's effective date on the Department of State's records.
	rd 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 iled.
tar	4 November 4 2021
HCC	,
	Thomas R. Dumas
	November 4, 2021 Roma R. Dumas Signature of a member or authorized representative of a member
	Thomas R. Dumas
	Typed or printed name of signee .

Filing Fee: \$25.00