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COVER LETTER

TO: Registration Section Division of Corporations	; ·
SUBJECT: Shady Tim	nbers LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of Amendment and	fee(s) are submitted for filing.
Please return all correspondence concernir	ng this matter to the following:
	Olivia L Heinze Name of Person
	Shady Timber LLC Pirm/Company
	2255a Shady Timbers Circle Address
7	Tallahassee, FL 32304
——————————————————————————————————————	City/State and Zip Code Shady timbers // C Outlook.com mail address. (to be used for future annual report notification)
For further information concerning this ma	atter, please call:
Olivia L Heinze	at (850) 5/0-57/9 Area Code Daytime Telephone Number
Name of Person	Area Code Daytine Telephone Number
Enclosed is a check for the following amo	unt:
▼ \$25.00 Filing Fee □ \$30.00 Fili Certificate	ng Fee &
Mailing Address: Registration Section	Street Address: Registration Section
D'alaine of Communities	District of Company Company

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

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

Shady Timbers LLC	
(<u>Name of the Limited Liability Company as it now :</u> (A Florida Limited Liability Com	appears on our records.) pany)
The Articles of Organization for this Limited Liability Company were filed of Florida document number <u>L21000109330</u> .	on 03/08/2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	ny here:
The new name must be distinguishable and contain the words "Limited Liability Company,	"the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	()
3. If amending the registered agent and/or registered office address on agent and/or the new registered office address here: Name of New Registered Agent:	our records, <u>enter the name of the new regis</u>
New Registered Office Address:	er Florida street address
, ·····	
City	, Florida

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Olivia L Heinze	2255a Shady Timbers Circle, Talahasser, FL 32304	☑Add
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tive date, if other than the date of filing:	or to date of filing or more than 90 days after filing.) Pursuant to 605.0
If the date inserted in this block does not meet the appli- nent's effective date on the Department of State's records	cable statutory filing requirements, this date will not be liste
ich serietive date on the Department of State S records	·.
rd enecifies a delayed effective date, but not an effective:	time, at 12:01 a.m. on the earlier of: (b) The 90th day after
iled.	inner at 12.01 a.m. on the carner on (o) The 70th day after
August, 3rd	
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Signature of a member or aut	parized representative of a second
Signature of a member of aut	renace representative e station ed