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ALLAHASSEE, FLOW

2022 JUN -2 AH SECRETARY OF

COVER LETTER

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Registration Section

TO:

Division of Co	orporations		
SUBJECT:	Name of Lin	nited Liability Company	
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: Marcus Ladd			
Please return all corresp	nondence concerning this matter	to the following:	
	Marcus Ladd		
		Name of Person	
		Firm/Company	
	901 Groveland Hills Dr		
		Address	
	enclosed Articles of Amendment and feets) are submitted for filing. see return all correspondence concerning this matter to the following: Marcus Ladd		
		City/State and Zip Code	
		10.6	
			ation)
For further information	concerning this matter, please c	alf:	
Mareus Ladd		850 518-0057	
Name	of Person	Area Code Daytime	l'elephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Registration Division of P.O. Box 63	Section Corporations 27	Registration Sect Division of Corpo The Centre of Ta	orations Hahassec Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JUN -2 AM 10: 38

Zip Code

Pinewoods Plantation LLC	SECRETARY OF STATE
(Name of the Limited Liability Comp (A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1.22000122342	y were filed on March 10, 2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "L.L.C" 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 agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	. 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.

City

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
MGR	Candace B. Shanley	13475 Middlefield Rd	≘ Add
		Tallahassee, FL 32309	□Remove
			□Change
MGR	YEL NAHS LLC	13475 Middlefield Rd	□Add
		Tallahassee, FL 32309	■Remove
			□Change
			□Add
			□Remove
			Cl Change
			CJAdd
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Effective date, if other than If an effective date is listed, the date Note: If the date inserted in thi document's effective date on the	s block does not meet	the applicable statut	iling or more than 90 d ory filing requireme	_ (optional) ays after filing.) Pursuant ents, this date will not b	to 605,0207 e listed as t
e record specifies a delayed effe rd is filed.	ctive date, but not an e	effective time, at 12:	01 a.m. on the earlic	er of: (b) The 90th day	y after the
Dated	20	022			
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	_	1111			
	Signatura of	ber or authorized repre	scentative at a momba	·	

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Filing Fee: \$25.00