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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Heartwood and Resin Co LLC
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:

Terry Raoul Barnick Jr.
Name of Person

Heartwood and Resin Co LLC
Firm/Company

4240 Gold Rush Lane
Address

St. Cloud, FL 34772
City/State and Zip Code

heartwoodandresinco@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Terry Raoul Barnick Jr. at (229) 546-7205
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

FILED

2022 SEP 23 PM 1:55

Heartwood and Resin Co LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on July 22, 2022 and assigned
Florida document number 122000326371.

This amendment is submitted to amend the following:

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

N/A

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)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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

_____, Florida

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	Terry Raul Barnick Jr.	4240 Gold Rush Ln.	<input checked="" type="checkbox"/> Add
		St. Cloud, FL 34772	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Terry Raul Barnick Jr.	4240 Gold Rush Ln.	<input checked="" type="checkbox"/> Add
		St. Cloud, FL 34772	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Lauren Cole Barnick	4240 Gold Rush Ln.	<input checked="" type="checkbox"/> Add
		St. Cloud, FL 34772	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Lauren Cole Barnick	4240 Gold Rush Ln.	<input checked="" type="checkbox"/> Add
		St. Cloud, FL 34772	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	Terry Raul Barnick Jr.	4240 Gold Rush Ln.	<input checked="" type="checkbox"/> Add
		St. Cloud, FL 34772	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	Lauren Cole Barnick	4240 Gold Rush Ln.	<input checked="" type="checkbox"/> Add
		St. Cloud, FL 34772	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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.

Dated 9/23/22

 Signature of a member or authorized representative of a member
Raoul Barrick
 Typed or printed name of signee