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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations	·	A.		
Brinn Com	pany Limited LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Patrick Brinn				
		Name of Person			
	Brinn Company Limited I	JLC			
	Firm/Company				
	2665 Corner Creek Rd				
	· · · · · · · · · · · · · · · · · · ·	Address			
	Crestview/ Florida 32536				
		City/State and Zip Code			
	Patrick.brinn@paragonener				
	E-mail address: (to be used for future annual report noti-	fication)		
For further information c	concerning this matter, please c	all:			
Patrick Brinn		850 305-7384 at ()			
Name o	of Person	Area Code Daytim	e Telephone Number		
Enclosed is a check for the	he 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)		
<u>Mailing Addres</u> Registration : Division of C	Section	Street Address: Registration Sec Division of Cor			
P.O. Box 632		The Centre of T	•		

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Brinn Company Limited LLC (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 $\frac{08-01-2022}{1}$ ____ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Timberland Brush Control LLC 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: (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: Patrick Brinn Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

New Registered Agent's Signature, if changing Registered Agent:

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
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	 		□Add
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	 		□Add
			□Remove
			□Change

				
 				
				
		•		
	-			
Effective date, if other than the da (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depart	k does not meet the ap	plicable statutory filin	ore than 90 days after filing requirements, this days	nl) ng.) Pursuant to 605.0207 (3) ate will not be listed as the
he record specifies a delayed effective d ord is filed.	late, but not an effectiv	ve time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
Dated December, 5	2023	·		
	<u> </u>			
- (·)+				
ta Ott	gnature of a member or a	authorized representative	of a member	