L240000102523

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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1. HORNE





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2024 NOV -7 AM 10: 53

SECRETARY OF STATE

RECEIVED

COVER LETTER

	Registration Se Division of Cor			
arn me		S LAND SERVICES LLC		
SUBJEC	1:	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		Katie Rae		
			Name of Person	
		Manausa, Shaw & Minacc	i	
			Firm/Company	
		1701 Hermitage Blvd, suit	e 100	
		·	Address	
		Tallahassee, Fl. 32308		
		david@manausalaw.com	to be used for future annual report noti	tication)
For furthe	er information c	oncerning this matter, please co		·
Katie Ra			850 597-7616	
Name of Person			at ()	e Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	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 Addres Registration S		<u>Street Address:</u> Registration Se	ction
	Division of C		Division of Cor	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED 2024 NOV -7 AM 10: 53

TIMMONS LAND SERVICES L	LC	
(Name of the Lim	ited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited I Florida document number 1.24000062523	Liability Company were filed on $\frac{02/0}{2}$	- 4
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company her	2:
The new name must be distinguishable and contain the Enter new principal offices address, if appli	cable:	ignation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u> </u>	
B. If amending the registered agent and/or agent and/or the new registered office addre		ords, <u>enter the name of the new registere</u>
Name of New Registered Agent:	David K. Minacci	
New Registered Office Address:	140 West 1st street	a street address
	St. george 15 and 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 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 N	ember	

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

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ffective date, if other than an effective date is listed, the date of the listed in the date inserted in the determinant's effective date on the date of the date	must be specific a is block does no	and cannot be prior it meet the applic	to date of filing o able statutory fi	r more than 90 days	optional) after filing.) Pursuan , this date will not	t to 605.0207 (be listed as t
record specifies a delayed eff Lis filed.	ective date, but i	not an effective t	ime, at 12:01 a.r	n. on the earlier o	f: (b) The 90th d	ay after the
November 6 ated		2024				
Grane P. Straces (Nova. 2027)	t out (C)					

Filing Fee: \$25.00