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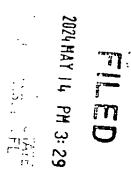
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## · COVER LETTER

TO: Registration Section Division of Corpor		
SUBJECT:	Timber Construction UC Name of Limited Liability Company	<del>_</del>
The enclosed Articles of Am	endment and fee(s) are submitted for filing.	
Please return all corresponde	ence concerning this matter to the following:	
	Mike P Dinner	
	Timber Construction Firm/Company	2024 HAY
	4624 NW 344th St.	
	Okeechonee, FL 34972 City/State and Zip Code MP Dinner @ gmail. (	~ ~ <u>~</u> _
-	F-mail address: (to be used for future annual report notification)	an !
For further information conc	erning this matter, please call:	
Milo T Name of Pe	rson at (9.54) 275–3881 Area Code Daytime Telephone Nu	mber
Enclosed is a check for the fi	ollowing amount:	
\$25.00 Filing Fee	Certificate of Status Certified Copy Cert (additional copy is enclosed) Cert	00 Filing Fee, ifficate of Status & iffied Copy tional copy is enclosed)
Mailing Address: Registration Sec		

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

Timber Con	nstriction	
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our re ited Liability Company)	cords.
The Articles of Organization for this Limited Liability Comp Florida document number <u>L 2400015083</u> °	pany were filed on $\frac{3}{28}$	2024 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
		<u></u>
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "	LLC" or the abbreviation "L.IC."
Enter new principal offices address, if applicable:		202
A. If amending name, enter the new name of the limited liabil  The location of the limited liability of the new name must be distinguishable and contain the words "Limited Liability of the 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 as	<u> </u>	<u> </u>
Enter new mailing address, if applicable:	<u></u>	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		77 <b>2</b>
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, <u>er</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street aa	idress
	CVa.	, Florida
	City	лф 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being added or removed from our records:

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<u>Title</u>	Name	Address	Type of Action
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