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1883 W. Royal Hunte Dr., Suite 200 Cedar City, Utah 84720 Phone 435-586-9366 Fax 435-586-9491 Adina Graul, Legal Assistant adina.graul@kkoslawyers.com

November 22, 2024

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

To Whom It May Concern:

Enclosed for processing are duplicates of the articles of amendment for 99 **Woodcutting, LLC.** Also enclosed is a check in the amount of \$25.00 to cover the filing fee.

If you find the enclosed document acceptable, please note your acknowledgment of receipt on the copy and return it to my office with the enclosed return envelope as noted above.

Thank you for your anticipated attention to this matter.

Very truly yours.

KYLER KOHLER OSTERMILLER & SORENSEN, LLP

Adina Graul Legal Assistant

Enclosure

## **COVER LETTER**

Division of Cor				
99 Wooder	ntting, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
	Amendment and fec(s) are sub			
Please return all correspo	ondence concerning this matter	to the following:		
	Adina Graul			
	<u> </u>	Name of Person		
	KKOS Lawyers			
	· · · · · · · · · · · · · · · · · · ·	Firm/Company		
	1883 West Royal Hunte D	rive, Suite 200		
		Address	<del>-</del>	
	Cedar City, Utah 84720			. Ta
		City/State and Zip Code		ECI ECI ELI
	adina.graul@kkoslawyers.c			三位 巴
For further information c	E-mail address: ( concerning this matter, please c	to be used for future annual report noti all:	fication)	2024 DEC -3 PH 1: 12 SECRETARY OF STATE STALL AHASSEE. FL
Adina Graul		435 586-9366		一部 エー
Name o	f Person	at ()	e Telephone Number	773 7
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	[] \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &
<u>Mailing Addres</u> Registration		<u>Street Address:</u> Registration Se	ction	
Division of C	lorporations	Division of Co	rporations	
P.O. Box 632 Tallahassee.		The Centre of T	Fallahassee be Street, Suite 8	10
rananassee.	11274714	Z410 IV. IVIOIIIO	a once, ounce	1.1/

Tallahassee, FL 32303

## TO ARTICLES OF ORGANIZATION OF

99 Woodcutting, LLC	al Liability Comma	ny as it now annuars on our recor	rds )				
( <u>same of the simil</u>	A Florida Limited I	ny as it now appears on our recor aability Company)	<u>(1115.)</u>				
The Articles of Organization for this Limited Lie Florida document number <u>L24000482244</u>	ability Company	were filed on 11/14/2024	and assigned				
This amendment is submitted to amend the following	wing:						
A. If amending name, enter the new name of	the limited liab	ility company here:					
The new name must be distinguishable and contain the wo	ords "Limited Liabil	ity Company," the designation "LL	.C" or the abbreviation "L.L.C."				
Enter new principal offices address, if applica	ıble:	9924 Colonial Walk North					
(Principal office address MUST BE A STREE		Estero, Florida 33928					
Enta an mailing address if anniochlas		9924 Colonial Walk North					
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE I	RAV)	Estero, Florida 33928					
maning maness pratible at the fortice t	<u> </u>	<u></u>	<del>-</del>				
B. If amending the registered agent and/or reagent and/or the new registered office address  Name of New Registered Agent:	s here:		er the name of the new regi				
New Registered Office Address:	9924 Colonial		2071 SEE				
	Estero	Enter Florida street addre	CRESCO TO				
	<del></del> -	City:	Tortua 35 Zip Code				
New Registered Agent's Signature, if changing B	(egistered Agent:						
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regisheing filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing of this content.	r and complete stered agent as p registered office	performance of my duties, o provided for in Chapter 605	and I am familia <del>r w</del> ith and i. F.S. Or, if this document				
	H Char	iging Registered Agent, Signature	of New Registered Agent				

Docusign Envelope ID: 5944F854-16F6-4A98-BC3B-0D94101C9513 11 amenuing Authorized verson(s) anthorized 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>	Type of Action
MGR	Richard Marchetti II	9924 Colonial Walk North	□Add
		Estero, Florida 33928	□Remove
			<b>≘</b> Change
			□Add
			□Remove
		*	☐ Change
		-	□Remove
			□Change
			2074DEC TRemove
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	2024 DE SECRE TAL	ingel.
		a # 4×12480 ( 4×12480 (
	SES -	3
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E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than Note: If the date inserted in this block does not meet the applicable statutory filing requi document's effective date on the Department of State's records.	(optional) n 90 days after filing.) Pursuant to 605. frements, this date will not be liste	.0207 (3)( ed as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the record is filed.	earlier of: (b) The 90th day after	the
Dated		
DOCUSIONED BY. PLHARD MARKETTI II		
Signature of a member or authorized representative of a me	ember	
Richard Marchetti II		

Filing Fee: \$25.00

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

99 Woodcutting, LLC							
( <u>Name of the Limited Li</u> (A Fl	ability Compa orida Limited I	ny as it now appears on our records.) Liability Company)					
The Articles of Organization for this Limited Liabili	ty Company	were filed on 11/14/2024		and ass	signed		
Florida document number L24000482244	<u></u> .						
This amendment is submitted to amend the following	g;						
A. If amending name, enter the new name of the	limited liabi	ility company here:					
The new name must be distinguishable and contain the words	"Limited Liabil	ity Company," the designation "LLC" or th	ie abbrevi	ation "L.	L.C."		
Enter new principal offices address, if applicable:	:	9924 Colonial Walk North					
(Principal office address MUST BE A STREET AL		Estero, Florida 33928					
Enter new mailing address, if applicable:		9924 Colonial Walk North					
(Mailing address MAY BE A POST OFFICE BOX	2	Estero, Florida 33928					
B. If amending the registered agent and/or registe agent and/or the new registered office address here.  Name of New Registered Agent:	<u>re</u> :		SECRE	2024 DEC	eastra		
New Registered Office Address: 99	924 Colonial V	Valk North  Enter Florida street address	<u> </u>	_ <u>ပ</u> _ယ	1 -1		
Es	stero		VHVS SSSS	P	enterior Contractor		
		City	-r:Xi	p Code			
New Registered Agent's Signature, if changing Regist	ered Agent:		111	100			

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.

Docusign Envelope ID: 5944F854-16F6-4A98-BC3B-0D94101C9513 rr amenuing Authorized rerson(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>	Type of Action
MGR	Richard Marchetti II	9924 Colonial Walk North	
		Estero, Florida 33928	□ Remove
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f an ef Note:	fective date is lis If the date ins nent's effective	sted, the date me serted in this	inst be specif block does	ic and can not meet	the applica	o date of fil able statute	ing or more tory filing re	han 90 days :	after filing.)	Pursuant to	o 605.0207 ( e listed as t
record is fi	rd specifies a d iled.	lelayed effect	iive date, bi	it not an e	ffective tii	ne. at 12:0	i a.m. on t	ne earlier o	f: (b) The	90th day	after the
Dated	11/22/202	1		·		_ ·					
		igned by IRD MARCH	etti II								
		STRAPCTIVA	Signature	of a memb	per or autho	rized repres	entative of a	member			_

Filing Fee: \$25.00