

MA0000004628

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

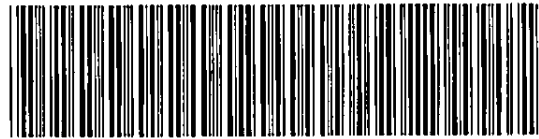
Certified Copies _____ Certificates of Status _____

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J. HORNE

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115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 120000000088

Date: 04/20/2023

Name: Greg Pintacuda

Reference #: 1966855

Entity Name: ALUMNI FOREST PRODUCTS, LLC

☐ Articles of Incorporation/Authorization to Transact Business

☒ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

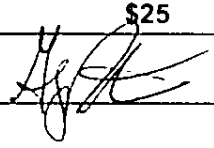
☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Authorized Amount: \$25

Signature: 



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Authorized Amount: \$25

Signature: [Signature]

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: Alumni Forest Products, LLC

Enter new principal office address, if applicable: 9600 SW Barnes Road, Suite 200
Portland, OR 97225
(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 9600 SW Barnes Road, Suite 200
Portland, OR 97225
(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M06000004628

3. Jurisdiction of its organization: Georgia

4. Date authorized to do business in Florida: 08/21/2006

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer 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: Cogency Global Inc.

New Registered Office Address: 115 North Calhoun Street, Suite 4

Enter Florida Street Address

Tallahassee

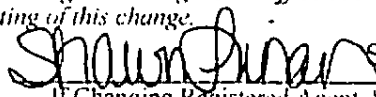
City

Florida 32301

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.



Shawn Linan, Assistant Secretary

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Charwin Timber, LLC	520 Madison Ave. 10th Floor	<input type="checkbox"/> Add
		New York, NY 10022	<input checked="" type="checkbox"/> Remove
MGRM	IDT Holding, Inc.	9600 SW Barnes Road, Suite 200	<input checked="" type="checkbox"/> Add
		Portland, OR 97225	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the
aforementioned amendment(s), duly authenticated by the official having custody of records in the
jurisdiction under the law of which this entity is organized.

Vicki Shaylor

Signature of the authorized representative

Vicki Shaylor

Typed or printed name of signee

Filing Fee: \$25.00