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Account Number : 110432003053 Phone : (561)694-8107

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OCT -9 PHI2

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TIMBER ONE ACQUISITION HOLDINGS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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OCT 1

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)

State: Timber One Acquisition Holdings LLC			
Enter new principal office address, if applicable:			
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
2. The Florida document number of this limited lial	bility company is: M20000007745	75 S	
3. Jurisdiction of its organization: Delaware		MOZO OCT	
4. Date authorized to do business in Florida: Septe			
SECTION II (5-9 complete only the applicable c			
	comain Ennied Elabinity Compa	ny, ""L.L.C.,"\ord*LLC::)	
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C	aging members adopting the altern	ness in Florida and attach a late name. The alternate name	
6. If amending the registered agent and/or registere registered agent and/or the new registered office ad	d officer address on our records, <u>er</u> dress here:	ater the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida Sti	roat Addrass	
	Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agen the provisions of all statutes relative to the proper of and accept the obligations of my position as registe document is being filed to merely reflect a change is liability company has been notified in writing of this	t and agree to act in this capacity. and complete performance of my di red agent as provided for in Chapt in the registered office address, I he	uties, and I am familiar with ter 605, F.S. Or, if this	

. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:					
le/ <u>Capacity</u>	Name	Address	Type of Action		
			□Add		
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aforementioned am	cate, if required: no more than endment(s), duly authenticated ne law of which this entity is or	by the official having custody of records in the	□Remov		

Filing Fee: \$25.00

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Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "TIMBER ONE

ACQUISITION HOLDINGS LLC", FILED A CERTIFICATE OF AMENDMENT,

CHANGING ITS NAME TO "BINDERHOLZ LIVE OAK LLC" ON THE TWENTY
THIRD DAY OF SEPTEMBER, A.D. 2020, AT 1:35 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED
LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF
DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT
HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS
OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BINDERHOLZ LIVE OAK LLC" WAS FORMED ON THE FOURTEENTH DAY OF AUGUST, A.D. 2020.



Authentication: 203828964

Date: 10-09-20