## 11100114017

(Re	questor's Name)	
bA)	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	<del>&gt;</del> #)
	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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S. WARREN DEC 1 9 2017

## **COVER LETTER**

TO: Registration S Division of Co			
	E SERVICE, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	BRENDA CHAMBERS		
		Name of Person	
	CHAMBERS & ASSOCIA	TES	
		Firm/Company	
	603 N. FERDON BLVD.		
	<del></del>	Address	<u>.</u>
	CRESTVIEW, FL 32536		
		City/State and Zip Code	
	BRENDA@CA-CRESTVII		
	E-mail address: (	to be used for future annual report notifi	cation)
For further information	concerning this matter, please ea	all:	
BRENDA CHAMBERS	S	850 398-8088 at ( )	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 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 ADDRESS:

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J & J TREE SERVICE, LLC		
(Name of the Limited Liability Comps (A Florida Limited	any as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number LI1000114017	were filed on 10/05/2011	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter 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 of registered agent and/or the new registered office address here	ffice address on our r	ecords, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
The Regional of the Linds and	Enter Florida street	address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>.</u>	
I hereby accept the appointment as registered agent and agent provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dut provided for in Chapter	ies, and I am familiar with and 605, F.S. Or if this abcument is

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 Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	EDWARD B. LEGERE	17 CARIE WAY	
		VALPARAISO, FL 32580	= Remove
		<del></del>	□ Change
MBR	JOSHUA L. UVALLE	105 WINDSOR DRIVE	■ Add
		CRESTVIEW, FL 32539	☐ Remove
			□ Change
			Remove
		☐ Change	
			Add
			□ Remove
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fective date, if other than the o	date of filing:		(0	ptional)	
in effective date is listed, the date must ofe: If the date inserted in this blo	be specific and cannot be ck does not meet the a	e prior to date of filing o applicable statutory f	r more than 90 days : ling requirements,	after filing.) Pursuai this date will not	nt to 605.02 : be listed
cument's effective date on the De					
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record specifies a delayed The 90th day after the reco DECEMBER 15	ord is filed.  2017  2017  Signature of a member o	·	ive of a member		17 DEQ 18

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