

L23000 198967

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

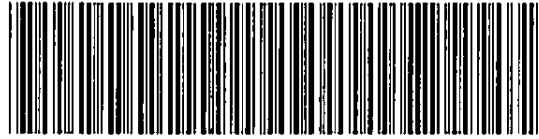
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
APR 26 2023

Office Use Only



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FILED
2023 APR 26 AM 8:01
SECRETARY
TALLAHASSEE

RECEIVED
2023 APR 26 AM 9:02
TALLAHASSEE
FLORIDA

COVER LETTER

Registration Section
Division of Corporations

TO: Ameila Island Tree Service LLC
Name of Limited Liability Company

Enclosed Articles of Amendment and fee are submitted for filing.

Return all correspondence concerning this matter to the following:

Justin Levi Stivers
Name of Person

Firm Company

96136 Piney Island Dr Fernandina Beach FL
Address

Fernandina Beach, FL, 32034
City/State and Zip Code

StiversJU@gmail.com
E-mail address: (to be used for future annual report notification)

For information concerning this matter, please call:

Justin Stivers at (904) 305 5270
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$5.00 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:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
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

SECRETARY
TALLAHASSEE
2023 APR 26 AM 6
FILED

Amelia Island tree Service LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on 4/21/23 and assigned
document number L23000198967

This amendment is submitted to amend the following:

Changing name, enter the new name of the limited liability company here:

The name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

96136 piney Island dr
fernandina Bc, fl, 32034

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

96136 piney Island dr
fernandina Bc, fl, 32034

When amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

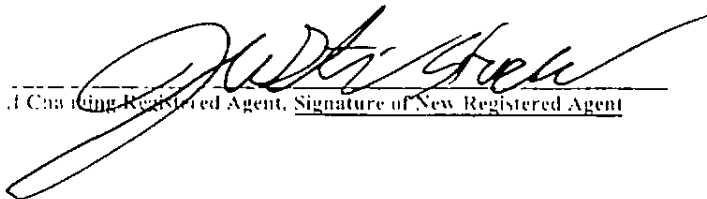
Name of New Registered Agent: Justin Levi Stivers

New Registered Office Address: 96136 piney Island dr
(Enter Florida street address)

fernandina bc, Florida 32034
City Zip Code

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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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.


Justin Levi Stivers
(Changing Registered Agent, Signature of New Registered Agent)

ending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
removed from our records:

..M = Manager

..R = Authorized Member

<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
-----	-----	<input type="checkbox"/> Add
-----	-----	<input type="checkbox"/> Remove
-----	-----	<input type="checkbox"/> Change
-----	-----	<input type="checkbox"/> Add
-----	-----	<input type="checkbox"/> Remove
-----	-----	<input type="checkbox"/> Change
-----	-----	<input type="checkbox"/> Add
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-----	-----	<input type="checkbox"/> Change
-----	-----	<input type="checkbox"/> Add
-----	-----	<input type="checkbox"/> Remove
-----	-----	<input type="checkbox"/> Change

If amending any other information, enter change(s) here. (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

Effective date, if other than the date of filing: _____ (optional)

If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the document is filed.

Effective date: 4/26/23

Handwritten signature of Justin Stivers

Signature of a member or authorized representative of a member

Justin Stivers

Typed or printed name of signee