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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: J. J. 'S Tree Service, LLC (Name of Limited Liability Company)
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:
John H. Golden (Name of Person)
J.J.'s Tree Service, LEOSS TO THE STATE OF THE SERVICE AND THE
Eastpoint, FL 32328
(City/Slate and Zip Code)
For further information concerning this matter, please call:
John H. Golden at (850 899-8432 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fee & Certificate of Status □ \$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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



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

The Articles of Organization for this Limited Liability Company were filed on 09/14/201 and assigned

This amendment is submitted to amend the following:

Florida document number <u>L 01000159</u>.47

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company,"	the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	•		
(Principal office address MUST BE A STREET ADI	<u>ORESS)</u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		records, <u>enter the name of the nev</u>	
Name of New Registered Agent:	·		
New Registered Office Address:			
New Registered Strike Madress.	(Enter i	(Enter Florida street address)	
	(City)	(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 608, 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.

(If Changing Registered Agent, Signature of New Registered Agent)

MGR = Man MGRM = M	ager anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Frederick Chad Ken	hbro 230 Ave F Apalachicola FL 32320	Add Remove
MGRM.	Joseph Myron Ward	19 Gibson St Apalachicola FL 32320	Add Remove
· ·			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ing any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	_
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	O 2.1 4		<u></u>
Dated	9-24-08 John A Sale	-la	
	John +	r or authorized representative of a member Colden d or printed name of signee	

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

Page 2 of 2

Filing Fee: \$25.00