

203000052840

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

T. Burch JAN 07 2014

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Forshee'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:

Larry B. Forshee  
Name of Person

Forshee's Tree Service LLC  
Firm/Company

11670 Duval Rd  
Address

Jacksonville, FL 32218  
City/State and Zip Code

jforshee98@att.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jacob B. Forshee at 904 813-3934  
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:**  
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**

Forshee's Tree Service LLC  
(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 12/15/03 and assigned  
Florida document number L03000052840

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This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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)

11864 Duval Rd  
Jacksonville, FL 32218

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11864 Duval Rd  
Jacksonville, FL 32218

**B. If 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:

New Registered Office Address:

11864 Duval Rd  
*Enter Florida street address*  
Jacksonville, Florida 32218  
*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.*

L. B. Forshee  
If Changing Registered Agent, Signature of New Registered Agent

**MGR = Manager**  
**MGRM = Managing Member**

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			<input checked="" type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Dated December 26, 2013.

L. B. Forshee

Signature of a member or authorized representative of a member

Larry B. Forshee

Typed or printed name of signee

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Filing Fee: \$25.00

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