L03000055020

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
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(Document Number)					
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DIVISION OF COLUMNIA TO BE 1: 11

C. LEWIS
JAN 9 2013
EXAMINER

COVER LETTER

TO:

Registration Section
Division of Corporations

Surgert. Miller'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:

Drew Miller

Name of Person

Miller's-Tree Service

Firm/Company

4951 Woodlane Cr

Address

Tallahassee, FL 32303

City/State and Zip Code

clay@millertreesrv.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Clay Culpepper

__850**566-388**1

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

FILLED SECRETARY OF STATE DIVISION OF SURPOPARISH.

2013 JAN -8 PM 1: 11

Miller'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 12/22/03 Florida document number L03000055020						
<u> </u>						
mited liability company here:						
words "Limited Liability Company," the	designation "LLC" or the abbreviation					
DRESS)						
						
gistered office address on our reco ddress here:	ords, enter the name of the nev					
Enter Flori	ida street address					
	, Florida					
City	Zip Code					
1	mited liability company here: Fords "Limited Liability Company," the DRESS) istered office address on our recoldress here: Enter Flora					

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 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:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGR	Bryan Wilson	4951 Woodlane Cr	🗸 Add
		Tallahassee, FL 32303	Remove
			Add
			Remove
			Add
			Remove
			_
			Add
			••••
			Add
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			_ Remove

D. If amen	ding any other info	rmation, ente	er change(s) here	e: (Attach addii	tional sheets, if	necessary.)	u [©] CoPs	
						SECRETAL DIVISION OF	TY OFF CORFO	ANTENN PART
						2013 JAN -	8 PM	1: 11
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Dated			,					
\times	ff.	Signature of	a member or autho	rived representat	ve of a member			
	Drew Miller	Signature of a						
			Typed or printe	d name of signee				

Page 3 of 3

Filing Fee: \$25.00