

L040000070771

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

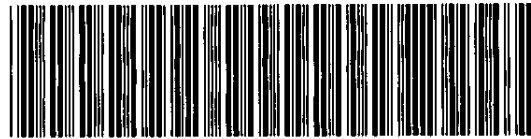
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 MAR 15 AM 10:51

ARTICLE
FILED

03/15/16--01014--003 **55.00

RECEIVED
SECRETARY OF STATE
16 MAR 15 AM 10:42

MAR 15 2016

8 MASON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AERIAL 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:

JERAMIE CRONMILLER

Name of Person

Firm/Company

2995 NE 97TH STREET ROAD

Address

ANTHONY, FL 32617

City/State and Zip Code

FIRECRON01@GMAIL.COM

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

For further information concerning this matter, please call:

JERAMIE CRONMILLER

352 497-6898
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:

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**

AERIAL TREE SERVICE, LLC

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

RECEIVED
10/20/15 10:51
STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on SEPTEMBER 27, 2004 and assigned
Florida document number L04000070771.

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 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)

JERAMIE CRONMILLER

2995 NE 97TH STREET ROAD

ANTHONY, FL 32617

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

JERAMIE CRONMILLER

2995 NE 97TH STREET ROAD

ANTHONY, FL 32617

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:

JERAMIE CRONMILLER

New Registered Office Address:

2995 NE 97TH STREET ROAD

Enter Florida street address

ANTHONY

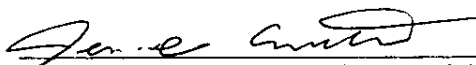
City

Florida 32617

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 605, 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

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>	<u>Address</u>	<u>Type of Action</u>
MGRM	ROGER BABCOCK	3231 NE 97TH STREET ROAD	<input type="checkbox"/> Add
		ANTHONY, FL 32617	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	JERAMIE CRONMILLER	2995 NE 97TH STREET ROAD	<input checked="" type="checkbox"/> Add
		ANTHONY, FL 32617	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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10/10/10
TALLAHASSEE, FLORIDA
SECRETARY OF STATE
7/17/2011
4:50 PM
ATTACHED

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

[illegible]

E. Effective date, if other than the date of filing: MARCH 14, 2016 (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 the 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 record is filed.

Dated MARCH 14, 2016


Signature of a member or authorized

JERAMIE CRONMILLER

Typed or printed name of signee

SECRET
TALLAHASSEE FLORIDA

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