W5000033699

(Requestor's Name) (Address)	500052963195			
(City/State/Zip/Phone #)				
(Business Entity Name)	05/04/0501007005 **55.00			
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Special Instructions to Filing Officer: 5) CMUM Company of the	. 0			
L05-33699	051/17 -2 PY 2:54			

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TRANSMITTAL LETTER

TO: Registration Se Division of Co			
SUBJECT: Aerial La	wn & Tree Service, LLC		
	(Name of Li	mited Liability Company)	
•			
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.	
Please return all corresp	ondence concerning this matter	r to the following:	
			•
	Craig Conaster		· .
	Q	Name of Person)	
			•
Aeria	Lawn & Tree Services, LLC		
	(Firm/Company)	
P.O. Box	1343	(Address)	
		(ramono)	•
Ba	rtow FL 33831		
	(City	/State and Zip Code)	
For further information	concerning this matter, please	call:	
	, in the same of t		•
Craig A. Con		at (863) 640108	
	(Name of Person)	(Area Code & Daytime	: Telephone Number)
			.•
Enclosed is a check for th	e following amount:		
☐ \$25.00 Filing Fee		☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Aerial Lawn & Tree Service, LLC

	(A	(Present Nam Florida Limited Liabi	lity Company)				
FIRST:	The Articles of Organization we document number <u>L050000336</u>	ere filed on 4/6/2005		anc	l assigned		
SECOND:	The following amendment(s) liability company:	to the Articles of	Organization_	was/were	adopted	by the	limited
John Cross was re	moved as a managing menber.						
Darrell R Conaster 350 Bonnyview Dr Lakeland Fi 338	- added as a ₋ managing membe	er			e e e e e e e e e e e e e e e e e e e	TALLERINGALE FLORIBA	05 MAY -2 PM 2: 54
Dated 22 A	pril	2005			· · · · · · · · · · · · · · · · · · ·	·	
		1/		5			
	Signature of a	member or authorized	representative o	f a membe	r		-
	Craig A Conaster				5. F.	-	_
		Typed or printed nam	e of signee		_ -	-	

Filing Fee: \$25.00