

LD5000037667

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____



500060678005

10/19/05--10:00--012 **30.00

Special Instructions to Filing Officer:

10/19 amend +
name ch

LD5-37667

Office Use Only

FILED
05 OCT 19 PM 3:16
SEALING STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Honey Cutt 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:

Michael L. Adams

(Name of Person)

Honey Cutt Tree Service, LLC

(Firm/Company)

1577 Piney Grove Road

(Address)

Chipley, Florida 32428

(City/State and Zip Code)

For further information concerning this matter, please call:

Charlene Smith

(Name of Person)

at (850) 638-4251

(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

Honey Cutt Tree Service, LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on April 18, 2005 and assigned
document number L050000037667.

SECOND: This amendment is submitted to amend the following:


Change name of LLC to: Adams Tree Service, LLC

Change Address to: 1230 Lee Road

Bonifay, FL 32425

Remove Jason T. Morris as MGRM

Dated October 17, 2005.



Signature of a member or authorized representative of a member

Michael L. Adams

Typed or printed name of signee

05 OCT 19 PM 3:16
STATE OF FLORIDA
TALLAHASSEE

FILED