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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
<b>(</b> Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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#### **COVER LETTER**

TO: Registration So Division of Co			
	RIS TREE SERVICE LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	WILLIAM S. HARRIS		
		Name of Person	
	WILLIAM S. HARRIS TR	REE SERVICE LLC	
		Firm/Company	
	2304 E. 148TH AVE.		
		Address	
	LUTZ, FL. 33549		
		City/State and Zip Code	
	BHARRIS395@VERIZON		-
For further information of	E-mail address: (	to be used for future annual report notif	ication)
BILL HARRIS		813 789-4876	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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:** 

TO:

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

(Name of the Limi	ted Liability Company as it now (A Florida Limited Liability Con	y appears on our records.) npany)		_	
The Articles of Organization for this Limited L			ar	ıd assi	gned
his amendment is submitted to amend the following	lowing:				
A. If amending name, enter the new name o	of the limited liability comp	pany here:			
WILLIAM S. HARRIS TREE SERVICE LLC					
he new name must be distinguishable and contain the	words "Limited Liability Compan	y," the designation "LLC" or	the abbreviati	on "L.L	.C."
Inter new principal offices address, if appli	cable:				
Principal office address MUST BE A STREI	ET ADDRESS)				
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			74 FT	2 of	
nter new mailing address, if applicable:	*****			-8	1
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		<u> </u>		4++24
			-m []	=	Mirrory
	<del></del>		25	**	
			<del>,</del> ,	<u>ග</u> නෙ	
. If amending the registered agent and egistered agent and/or the new registered of		ress on our records, <u>e</u> l	nter the n	ame o	o <u>r the r</u>
Name of New Registered Agent:	william S. Harris				
New Registered Office Address:	2304 E. 148TH AVE.				
	E	nter Florida street address			
	LUTZ	, Florid	a 33549		
	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 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>	Address	Type of Action
MGR	WILLIAM S. HARRIS	2304 E. 148TH AVE. LUTZ,FL. 33	■ Add
			Remove
			☐ Change
		<del> </del>	□ Add
			□ Remove
			Change
			Add
			☐ Remove
			☐ Change
			Add  And  Remove
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ctive date, if other than the date of filing:	(optional)	
effective date is listed, the date must be specific and cannot be prior to date of filing	or more than 90 days after filing.) Pursuan	
If the date inserted in this block does not meet the applicable statutory ment's effective date on the Department of State's records.	ming requirements, this date will not	. oc usi
ecord specifies a delayed effective date, but not an effective 90th day after the record is filed.	ve time, at 12:01 a.m. on the	earli
d C6-19-2016.  Signature of a member or authorized represent		

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee