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(Address)				
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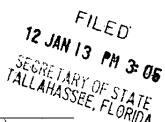
EGRETARY OF STATE

K. SALY EXAMPLE 2012

COVER LETTER

TO: Registration Division of C				
SUBJECT: ALPOS' TREE SERVICE LLC				
		ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corres	pondence concerning this matte	r to the following:		
		ALTA YORK Name of Person		
Name of Felson				
	ALP	OS' TREE SERVICE LLC	<u> </u>	
709 BLUE JAY AVE Address				
	ł.	ARIANNA, FL 32448		
City/State and Zip Code				
	JAN@L	ANEYACCOUNTING.CO	DM	
		to be used for future annual report no	otification)	
For further information	concerning this matter, please of	call:		
ALTA YORK		at (850)	338-0154	
Name of Person			time 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)	
Regis Divis P.O.	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, FL 32314	STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	porations ; Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ALPO'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 Liabilit	y Company were filed on	06/06/2005	_ and assigned	
Florida document numberL0500057633	<u> </u>			
This amendment is submitted to amend the following	i.			
A. If amending name, enter the new name of the	limited liability company	here:		
ALP	O'S LOGGING LLC			
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Co	mpany," the designation "LLC	" or the abbreviatio	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD	DRESS)			
	<u> </u>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or reg		on our records, enter the	name of the nev	
registered agent and/or the new registered office a	ddress here:			
Name of New Registered Agent:				
Name of New Registered Agent.				
New Registered Office Address:		Enter Florida street addres		
		Emer r tortaa street aaaress		
	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 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 Changing Registered Agent, Signature of New Registered Agent

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 Title Name **Address Type of Action** ☐ Add Remove ☐ Add Remove ☐ Add Remove Add Remove □Add Remove \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) anuary Signature of a member or authorized representative of a member ALTA R YORK Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00