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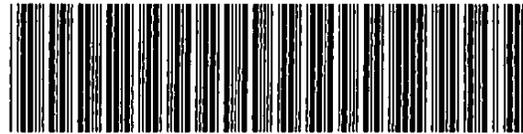
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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LUCINDO & ROMEL 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:

Devin Newman  
(Name of Person)

All Florida Firm Inc.  
(Firm/Company)

813 Deltona Blvd Ste A  
(Address)

Deltona, Florida 32725  
(City/State and Zip Code)

For further information concerning this matter, please call:

Devin Newman at ( 386 ) 575-1180 Ext. 103  
(Name of Person) (Area Code & Daytime Telephone Number)

\* Enclosed is a check for the following amount: *Make check payable to Department of State*  
 \$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**

**LUCINDO & ROMEL TREE SERVICE LLC**

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on 10/11/2005 and assigned document number L05000105525.

**SECOND:** This amendment is submitted to amend the following:

This amendment is filed to amend the following- One officer will be removed an there  
will be an addition as well. Name change is as follows: Lucindo & Luis Tree Service  
LLC. Romel A Garcia will be removed from the company, and Luis Macedo will be added.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated November 28, 2007.

Lucindo Alvarado  
Signature of a member or authorized representative of a member

LUCINDO ALVARADO  
Typed or printed name of signer

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

**FILED**