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COVER LETTER

	gistration Sec vision of Corp			
CUDIFOT.		WN AND TREE SERVICE, I	LLC	
SUBJECT:		Name of Lim	ited Liability Company	
The enclose	d Articles of A	umendment and fee(s) are sub-	mitted for filing.	
Please return	n all correspon	dence concerning this matter	to the following:	
		BRENDA CHAMBERS		
			Name of Person	
		CHAMBERS & ASSOCIA	ATES	
		•	Firm/Company	
		CHAMBERS & ASSOCIATES Firm/Company 603 N. FERDON BLVD. Address CRESTVIEW, FL 32536		
			Address	<u></u>
		CRESTVIEW, FL 32536		
	•		City/State and Zip Code	
		BRENDA@CA-CRESTVII		
		E-mail address: (t	Address City/State and Zip Code VIEW.COM St. (to be used for future annual report notification) e call:	
For further i	nformation co	ncerning this matter, please ca	all:	
BRENDA O	CHAMBERS			
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is	a check for the	e following amount:		
\$25.001	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status &

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

BUCK'S TREE AND LAWN SER	RVICE LLC		
(Name of the Lim	ited Liability Company as it now appea (A Florida Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited 1		4/26/2006 and assigned	
Florida document number L06000043651	······································		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability company l	iere:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "L.L.C." or the abbreviation "L.L.C."	
Enter new principal offices address, if appli	cable:	01/19101 OF T	
(Principal office address MUST BE A STRE.	<u> </u>		
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Enter new mailing address, if applicable:		7 AH 9: 45	ز
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	we so home throw the same describe source and how the		
B. If amending the registered agent and	l/or registered office address o	n our records, enter the name of the no	·V
registered agent and/or the new registered (_
Name of New Registered Agent:	CHAMBERS & ASSOCIATES		
New Registered Office Address:	603 N. FERDON BLVD.		
	Enter Fl	orida street address	
	CRESTVIEW	, Florida 32536 Zip Code	
	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>	<u>Address</u>	Type of Action
MGR	OSCAR V. FELICIANO	6143 ROBIN ROAD	≣ Add
		CRESTVIEW, FL 32539	□ Remove
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lote: If the date inserted in this bloc	k does not meet the appl	icable statutory filii	note than 90 days after in ig requirements, this d	ate will not be listed as
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