## L06000056204

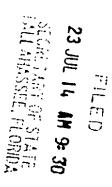
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J. HORNE

Office Use Only



000412150210

07/14/23--01017--002 \*\*25.00



## **COVER LETTER**

TO:

TO: Registration Se Division of Cor			
	e Services, LLC		
SUBJECT:	Name of Lim	ited Liability Company	· <del></del>
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	William Gaston		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	Gaston Tree Service, LLC		
		Finn/Company	
	4190 NW 93rd Avenue		
		Address	
	Gainesville, FL 32653		
		City/State and Zip Code	<del> </del>
	Camilo@gastontdr.com	to be used for future annual report no	(Monation)
For further information c	oncerning this matter, please c		in Cation y
William Gaston		352 258-8417	
Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	he following amount:		
≘ \$25.00 Filing Fee	S30.00 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		Street Address: Registration S	ection
Division of C		Division of Co	
P.O. Box 632	27	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

cords.)

Gaston Tree Services, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Florida document number L06000056204	·			
This amendment is submitted to amend the foll	owing:			
A. If amending name, <u>enter the new name o</u>	f the limited l	iahility comnany here:		
Gaston Tree Service, LLC	THE BILLIAN	denty company nere.		
The new name must be distinguishable and contain the	vords "Limited L	iability Company," the design	nation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A		
Principal office address MUST BE A STREE		)		
Enter new mailing address, if applicable:		N/A		
				· · · · · · · · · · · · · · · · · · ·
Mailing address MAY BE A POST OFFICE	BOX)			
Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and/or s		ce address on our recor	ds, enter the n	ame of the new registere
	registered offi	ce address on our recor	ds, <u>enter the n</u>	ame of the new registere
B. If amending the registered agent and/or a agent and/or the new registered office addre Name of New Registered Agent:	registered offi	ce address on our recor	ds, <u>enter the n</u>	ame of the new registere
B. If amending the registered agent and/or agent and/or the new registered office addre	registered offi ss here: N/A	ice address on our recor		ame of the new registere
B. If amending the registered agent and/or a agent and/or the new registered office addre Name of New Registered Agent:	registered offi ss here: N/A		treet address	
B. If amending the registered agent and/or a agent and/or the new registered office addre Name of New Registered Agent:	registered offi ss here: N/A			
B. If amending the registered agent and/or a agent and/or the new registered office addre Name of New Registered Agent:	registered offi ss here: N/A N/A	Enter Florida s City	treet address	

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>	Name	Address	Type of Action
	<del></del>		□Add
			□Remove
<del></del>			□Add
			□ Remove
			□Change
			□Add
			□Remove
			☐ Change
			🗀 Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□ Chanve

N	'A
<del></del>	
_	
_	
_	
_	
-	
-	
Effecti	The date, if other than the date of filing:  June 29, 2023  (optional)  The date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
lf an effe Note:	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docume	nt's effective date on the Department of State's records.
e recore	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ord is file	d.
	June 29 2023
Dated_	
	1 1 million of the state of the
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00