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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: A:5 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:
Robert and Amarda Ausley Name of Person
A's Stree Service, LLC Firm/Company
1309 SW 136 Place Address
Micanopy FL 32667  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Amana of Robert Ausley at (352) 372-8300  Name of Person Jarea Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee & Solution Status Status Status Certificate of Status & 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

A & S Tree Service (Name of the Limited Liab (A Flor	hility Company as	It now appears on our re ty Company)	ecords.)	<del></del>
The Articles of Organization for this Limited Liability Florida document number LO700053	y Company were	filed on 5 18	70/8	and assigned
This amendment is submitted to amend the following:	;;			
A. If amending name, enter the new name of the li	imited liability o	company here:		
N(A				
The new name must be distinguishable and contain the words "I	Limited Liability Co	ompany," the designation	"LLC" or the abbrey	ition_L.L.C."
Enter new principal offices address, if applicable:		NIA		
(Principal office address MUST BE A STREET AD	DRESS)			9 2 F
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		NIA		ED ED
B. If amending the registered agent and/or re- registered agent and/or the new registered office a		address on our rec	eords, <u>enter the</u>	name of the new
Name of New Registered Agent:	Char	ice Cran	stord	
New Registered Office Address:	1309 5	Enter Florida street a		anuas before)
7_	Micanog	Einy )	_, Florida	Lla la 7 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 = Ms $AMBR = Ac$	anager uthorized Member		
Title	<u>Name</u>	Address	Type of Action
<u>mor</u>	Robert Ausley	1309 SW 1360 Pla	ce Miccorpy # Add
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<del> </del>	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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(If an effective Note: If the	date, if other than the date of filing:	
	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.	•
Dated	July 19, 2017.	
	Signature of a member or authorized representative of a member	
	D lock Ouglow	

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Filing Fee: \$25.00