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APR 02 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A+S 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 Ausley / Chance Crawford
Name of Person

A+S Tree Service, LLC
Firm/Company

1309 SW 136 Place
Address

Micanopy, FL 32667
City/State and Zip Code

aands treeservice@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amanda Ausley / Ashley Crawford at (352) 372-8300
Name of Person Area Code Daytime 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)

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**

AIS 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 Liability Company were filed on 5/18/07 and assigned
Florida document number L07000053602

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

N/A

Enter Florida street address

Florida

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.

N/A

If Changing Registered Agent, Signature of New Registered Agent

Leading Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Robert Ausley	1309 SW 136 Place	<input type="checkbox"/> Add
	← Please KEEP Robert Ausley as "MGRM"	Micanopy, FL 32667	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Chance Crawford	9961 NW 61 Court	<input checked="" type="checkbox"/> Add
		Chiefland, FL 32626	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

* Chance Crawford should remain registered agent.
Principal business address st. 11 1309 SW 136 Pl

Micanopy, FL 32667

* Chance Crawford should also be added as "MGRM"
along with Robert Ausley.

* Please remove Robert Ausley as "MGR" BUT
he will remain "MGRM" with Chance Crawford.

So: Registered Agent: Chance Crawford

MGRM: Chance Crawford and Robert Ausley

E. Effective date, if other than the date of filing: _____ (optional)

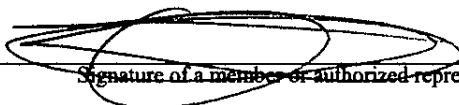
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 3/27/2018.



Signature of a member or authorized representative of a member

Robert Ausley

Typed or printed name of signee

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