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SECUL LARY OF STATE

N COOPER MAY 31 2018

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: P+S Tree in a - L - C Name of Limited Lubility Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
John M. Rulser	
P+5 Tradius - LLC	
34032 Valencie Dr Lessburg, Ft 3175	18
Leesburg Fl. 34788	
E-mail address: (16) be used for future annual report notification)	
For further information concerning this matter, please call:	
John M. Pousser at (352) 636-013/ Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Certificate of Status (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

Tto Iradin	SLLC	
(Name of the Limited Liabil (A Florid	its/Company as it now appears on our re a Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability C	Dompany were filed on 10-26	-2007 and assigned
Florida document number 10 7000 10 8 5 4		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	aited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "	LLC" or the abbreviation "L.L.C,"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD)	RESS)	
		S108
		174 P
Enter new mailing address, if applicable:		CO
(Mailing address MAY BE A POST OFFICE BOX)		
		
		– X
B. If amending the registered agent and/or registered agent and/or the new registered office add		ords, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street aa	ldress
<u>-</u>		. 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>N</u> ame	<u>Address</u>	Type of Action
SE <u></u>	Kathleen G. Rubsen	HEESburg.FL. 34788	□ Add
			D Remove
			□ Change
			□ Add
			🗆 Remove
			Change
			D Add
		<u> </u>	□ Remove
			Change
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Filing Fee: \$25.00