## L08000045789

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OB AUG 29 PH 1: 44

J. BRYAN

SEP - 2 2008

**EXAMINER** 

## **COVER LETTER**

Division of Cor	porations					
syntage Tree Fr	ee Wood II C					
SUBJECT: Tree Free Wood LLC (Name of Limited Liability Company)						
	•					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspon	ondence concerning this matter	to the following:				
	Bruce E. Loren, Esq.					
		(Name of Person)				
	Bruce E. Loren & Associa	ates				
	<del></del>	OR AUG 29 PH 1: 41				
		3.25 E. S.				
		G COR				
West Palm Beach, Florida 33409				POR		
		ORPORATION				
_		_				
For further information of	concerning this matter, please c	all:				
Bruce E. Loren, Esq.		at (561 ) 615-5701				
	of Person)	(Area Code & Daytime Telephone Number)				
Enclosed is a check for t	he following amount:					
<b> \$25.00</b> Filing Fee	□\$30.00 Filing Fee &	□\$55.00 Filing Fee &	□\$60.00 Filing Fee,			
	Certificate of Status	Certified Copy	Certificate of Statu	is &		
		(additional copy is enclosed)	Certified Copy (additional copy is	enclosed)		
MAILING ADDRESS:		STREET/COURIER ADDRESS:				

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

TREE FREE WOOD LLC					
(Name of the Limited	Liability Compan	y as it now appears on eability Company)	ur records.)		
(A	Florida Limited Li	ability Company)	o <sup>E</sup> .		
The Articles of Organization for this Limited Li	008 and and asign of				
Florida document number L08000045789					
	·	,	9 6		
This amendment is submitted to amend the follo	PH 1: 43				
A. If amending name, enter the new name of	the limited liabi	ity company here:			
9	THE STREET STREET	act company note.	<del>**</del> ***		
The new name must be distinguishable and end with "L.L.C."	h the words "Limite	ed Liability Company," t	ne designation "LLC" or the abbreviation		
Enter new principal offices address, if applica	able:	6440 Garden Road			
(Principal office address MUST BE A STREET ADDRESS)		Riviera Beach, Florida 33404			
12 THICKNEY OF THE WAR DOWN THE MARKET	( //DDI(IOD)				
Enter new mailing address, if applicable:		6440 Garden Road	- 00404		
(Mailing address MAY BE A POST OFFICE BOX)		Riviera Beach, Florida 33404			
B. If amending the registered agent and/or registered agent and/or the new registered of			cords, enter the name of the nev		
Name of New Registered Agent:	Bruce E. Loren & Associates				
New Registered Office Address:	Suite 501				
		(Enter F	lorida street address)		
	West Palm Bea	<del></del>	, Florida 33409		
		(City)	(Zip Code)		
New Registered Agent's Signature, if changing R	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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member <u>Title</u> Name <u>Address</u> Type of Action MGR Dustbobber Enterprises, L.P. 6440 Garden Road \_**⊡**Z Add Riviera Beach, Florida 33404 Remove MGR Robert M. Allen, II 1801 N. Flagler Drive, #340 **₽** Add West Palm Beach, Florida 33401 Remove MGRM Anthony C. Chiappone 3105 Karen Drive n[] Add Delray Beach, Florida 33483 Remove \_ Add Remove ☐ Add □ Remove ■ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00