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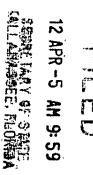
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EXAMINER



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04/05/12--01010--013 **30.00



COVER LETTER

TO: Registration Se Division of Cor	ection oporations				
SUBJECT:	Able Tree Servi	ce & Landscaping, LLC			
SUBJEC 1:		ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
		Patricia L Cardona			
		Name of Person			
Able Tree Service & Landscaping, LLC					
Firm/Company					
		1316 Claymore St			
	Address				
Inverness, FL 34450					
		City/State and Zip Code			
	E-mail address: (tcar923@hotmail.com to be used for future annual report notifica	tion)		
For further information c	oncerning this matter, please o	eali:			
Patri	cia L Cardona	at (352) 72	26-5878		
Name of Person		Area Code & Daytime T			
Unalaged is a shock for th	C-11				
Enclosed is a check for the					
\$25.00 Filing Fee	✓\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

Able Tree Se	rvice & Landscaping, LL	.C	
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on of Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability	Company were filed on 3/31/20	12 10:32:33 AM and assigned	
Florida document numberL08000103425	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lir	nited liability company here:		
The new name must be distinguishable and end with the will.L.C."	ords "Limited Liability Company," t	he designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		2	
(Principal office address MUST BE A STREET ADD	ORESS)	2 A	
	,	2 2 I	
		\$ 5 F	
Enter new mailing address, if applicable:		(Tig. > [Ti	
(Mailing address MAY BE A POST OFFICE BOX)	·		
		<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office ad-		ecords, enter the name of the new	
registered agent and/or the new registered office ad-	uress nere.		
Name of New Registered Agent:			
New Registered Office Address:	Enter Fl	orida street address	
	City	, Florida Zip Code	
		r	

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 608, 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 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	Address	Type of Action
MGMR	Patricia L Cardona	1316 Claymore St Inverness FL 34450	Add Remove
MGMR_	Ruben Cardona	1316 Claymore St Inverness FL 34450	Add 7 Remove
MGR	Ruben Cardona	1316 Claymore St Inverness FL 34450	Add Remove
<u>P</u>	Ruben Cardona	1316 Claymore St Inverness FL 34450	Add ✓ Remove
<u>P</u>	Patricia L Cardona	1316 Claymore St Inverness FL 34450	✓Add ☐Remove
		ge(s) here: (Attach additional sheets, if necessary.)	
			
 Dated	April 2 , 20	O12. Car Dong mont	
	Pa	r or authorized representative of a member atricia L Cardona or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00