# LU8000109470

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2022 JUN 24 PH 1: 23

A. BUTLER SEP 18 2022

## **COVER LETTER**

Divis	ion of Corpo	rations		
SUBJECT:	ALL PRO BU	SH HOG SERVICE, LLC		
SOBJECT		Name of Lim	ited Liability Company	<del></del>
The enclosed a	Articles of An	nendment and fee(s) are sub	mitted for filing.	
Please return a	all corresponde	ence concerning this matter	to the following:	
		Laine	Name of Person  Name of Person  Firm/Company	1 RM PA
	·	1200 z	Address  City/State and Zip Code	34474
	-	RAMUNAS (	to be used for future annual report notific	) CEYL
For further inf	ormation con	cerning this matter, please ca	all:	
lai	Name of Po	Legal Acresion Park		4-5570 Telephone Number
Enclosed is a	check for the f	following amount:		
■ \$25.00 Fil	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Maili	ing Address:		Street Address:	

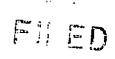
TO:

Registration Section

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

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2022 JUN 24 PH 1:2

ALL PRO BUSH HOG SERVICE, LLC

(Name of the Limited Liability Company as it now appears on our records).

(A Florida Limited Liability Company)

TA 1 The Articles of Organization for this Limited Liability Company were filed on  $\frac{11/25/2008}{1}$ Florida document number \_\_\_\_\_L08000109470 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address , Florida

### 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.

City

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	LEON N LOCKHART, TRUSTEE	10480 SW 100th CT, Ocala Fl 34481	□Add
			□Remove
			= Change
AMBR	BEVERLY J LOCKHART, TRUS'	10480 SW 100th Ct. Ocala FI 34481	□Add
			□Remove
			<b>=</b> Change
			□Add
			□Remove
			□Change
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ted May 23  Beach Lackhart  Signature of a member or authorized representative of a member	n effi ote:	ctive 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 605.03 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
Beverly Lockhart  Signature of a member or authorized representative of a member		
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BEVERLY J LOCKHART		3 signature of a member of authorized representative of a member

Filing Fee: \$25.00