

L090000067376

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

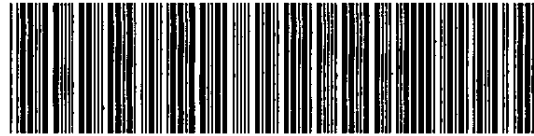
(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

APR 23 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A Eagerton Tree Service
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:

Jacob Eagerton
Name of Person
A Eagerton Tree Service
Firm/Company
415 N. Ocean Grande Apt #2
Address
Porte Ueera Beach, Florida
City/State and Zip Code
bfraden@yahoo.com 32082
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Beverly F Eagerton at 904 823-1215
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**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Eagerton Lawn and Tree 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 4/19/10 and assigned
Florida document number _____.

This amendment is submitted to amend the following:

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

A Eagerton Tree Service LLC.

The new name must be distinguishable and end with the words "Limited 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 ADDRESS)

415 N. Ocean Grande ph #2
Ponte Vedra Beach FL
32082

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

415 N. Ocean Grande ph #2
Ponte Vedra Beach FL
32082

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:

Beverly F. Eagerton

New Registered Office Address:

415 N. Ocean Grande ph #2

Enter Florida street address

Ponte Vedra, Florida 32082
City Beach 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 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.

[Signature]
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:

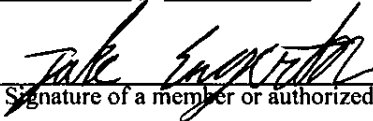
MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	Beverly F. Eagerton	415 N. Ocean Grande 32082 Ponte Vedra Beach FL	☒ Add ☐ Remove
			☐ Add ☐ Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated April 19, 2010.



Signature of a member or authorized representative of a member

Typed or printed name of signee