## L090000 36414

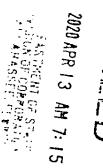
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APR 23 2020

S. YOUNG

## **COVER LETTER**

	Registration Sec Division of Corp						
cub tez	JOHNSON & SONS TREE SERVICE, LLC						
SUBJEC	-I: <u></u>	Name of Limi	ted Liability Company	<del></del>			
The encl	osed Articles of A	Amendment and fee(s) are subt	mitted for filing.				
Please ro	eturn all correspo	ndence concerning this matter	to the following:				
		WALKER W. BULLOCK					
			Name of Person	<del></del>			
	Name of Limited Liability Company  sed Articles of Amendment and fee(s) are submitted for filing.  urn all correspondence concerning this matter to the following:  WALKER W. BULLOCK  Name of Person  BULLOCK LAW FIRM, PLLC  Firm/Company  1000 NE 6TH BLVD.  Address  WILLISTON, FL 32696  City/State and Zip Code mcjroofing@gmail.com  E-mail address: (to be used for future annual report notification)  or information concerning this matter, please call:  R W. BULLOCK  Name of Person  at (						
		N & SONS TREE SERVICE, LLC  Name of Limited Liability Company  If Amendment and fee(s) are submitted for filing.  Sondence concerning this matter to the following:  WALKER W. BULLOCK  Name of Person  BULLOCK LAW FIRM, PLLC  Firm/Company  1000 NE 6TH BLVD.  Address  WILLISTON, FL 32696  City/State and Zip Code  mcjroofing@gmail.com  E-mail address: (to be used for future annual report notification)  concerning this matter, please call:  OCK  at (352 ) 472-6295  Area Code  Daytime Telephone Number  the following amount:  S30.00 Filing Fee & Certificate of Status  Certificate of Status  Certificate Opy (additional copy is enclosed)  Street Address:  Registration Section  Corporations  Street Address:  Registration Section  Division of Corporations					
							WILLISTON, FL 32696
			City/State and Zip Code				
		E-mail address: (1	to be used for future annual report n	otification)			
For furth	ner information co	oncerning this matter, please ca	all:				
WALKI	ER W. BULLOC	К	,				
	Name o	f Person		ime Telephone Number			
Enclosed	d is a check for th	ne following amount:					
	.00 Filing Fee	☐ \$30.00 Filing Fee &	Certified Copy	Certificate of Status & Certified Copy			
	Mailing Addres						
	Registration S						
	P.O. Box 632						

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JOHNSON & SONS TREE SERVI				2020 APR
(Name of the Limit	ed Liability Compa (A Florida Limited)	iny as it now appears on o Liability Company)	ur records.)	
The Articles of Organization for this Limited L Florida document number L09000036414	·	were filed on <u>07/16/20</u>	112	STORING ASSIGNED
This amendment is submitted to amend the foll	owing:			ੌ <b>਼</b> ਾਂ <b>ਯ</b>
A. If amending name, enter the new name o	f the limited liab	oility company here:		
N/A				
The new name must be distinguishable and contain the v	vords "Limited Liabi	ility Company," the designa	ation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	N/A		
(Principal office address MUST BE A STREE				
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	N/A		
B. If amending the registered agent and/or agent and/or the new registered office addresses	registered office ess here:	address on our recor	ds, <u>enter the</u>	name of the new registered
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
How Registered Office Trade 656		Enter Florida s	treet address	
			, Florid	la
		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 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
MGMR	MAC C. JOHNSON	104 SW 266 ST.	
		NEWBERRY, FL 32669	
AMBR	DANA D. JOHNSON	104 SW 266 ST.	<b>=</b> Add
		NEWBERRY, FL 32669	□ Remove
			Change
			Remove
			□Remove
			□Add
			□Remove
			□ Change
			□Add
			Change

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ective date, if other than the da	04/06/2020 nte of filing:	) 	(optional)	
ective date, if other than the dan effective date is listed, the date must bute: If the date inserted in this block	specific and cannot be prior	r to date of filing or more	than 90 days after filing.) Pur quirements, this date will	suant to 605,0207 not be listed as
cument's effective date on the Dep	artment of State's records	S.	quirements, this date with	
ecord specifies a delayed effective of	late, but not an effective	time, at 12:01 a.m. on t	he earlier of: (b) The 90	th day after the
is filed.				
ad APRIL 6, 2020	2020			
ted AFRIE 0, 2020	·	·		
$UM_{-}$				

Typed or printed name of signee