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SECRETARY OF STATE
TALL AHASSEE FLORIDA

COVER LETTER

	Corporations			
SUBJECT:	•	CHOP LLC	·	
	Name of Lim	ited Liability Company		
The enclosed Articles	s of Amendment and fee(s) are sul	omitted for filing.		
Please return all corre	espondence concerning this matter	to the following:	•	
		ALAN P. HASSETT		
		Name of Person		
		TREE CHOP LLC		
		Firm/Company		
		6634 LEESIDE ISLE	•	
		Address		
		HUDSON, FL 34667		
		City/State and Zip Code	·	
	E-mail address: (to be used for future annual report notific	ation)	
For further information	on concerning this matter, please of	call:		
AL	AN P. HASSETT	at (727)	62-1094	
Name of Person		Area Code & Daytime Telephone Number		
Enclosed is a check f	or the following amount:	'		
\$25.00 Filing 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)	
	AILING ADDRESS:	STREET/COURIE Registration Section		

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	TREE CHOP LLC	
(Name of the Limite	d Liability Company as it now appears on our records. A Florida Limited Liability Company))
The Articles of Organization for this Limited I Florida document number L0900006		and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company here:	
The new name must be distinguishable and end w "L.L.C."	th the words "Limited Liability Company," the designation	on "LLC" or the abbreviatio
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	BOX)	
		
B. If amending the registered agent and registered agent and/or the new registered of	or registered office address on our records, ent	er the name of the nev
Name of New Registered Agent:	ALAN P HASETT	
New Registered Office Address:	6634 LEESIDE ISLE	

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.

HUDSON

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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> <u>Name</u> <u>Address</u> **Type of Action ANN S HASSETT** MGR 6634 LEESIDE ISLE _ Add HUDSON, FL 34667 ✓ Remove MGR ALAN P. HASSETT 6634 LEESIDE ISLE Remove HUDSON, FL 34667 Add 🔲 Remove □ Add Remove ∏Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 25, 2009 Dated_ Signature of a member or authorized representative of a member ALAN P. HASSETT Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00