## L09000084497

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	1
(Document Number)	• :
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FILEU 09 OCT -2 AM 9: 48 SECRETARY OF STATE

## **COVER LETTER**

TO: Registration So Division of Cor		•	
SUBJECT:		ee Service	<del> </del>
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please return all correspo	ondence concerning this matter	r to the following:	
	Gre	Sory Desowit	<b>ኒ</b>
		Mame of Person	<del></del>
	4 A	ces Tree Service	e
-		Firm/Company	<del></del>
	Pio	Box 2474	
		Address	
	Gai	nesville, FL 32	602
	DG Femail address	nesville FL 32 City/State and Zip Gode Sales 2 6 Acl (to be used for future annual report now heat)	Com
For further information of	oncerning this matter, please		·.,
Gregory Name of	Desowitz	at (352) 214 – 3 Area Code & Daytime Te	291 lephone Number
Enclosed is a check for t	he 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

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

(additional copy is enclosed)

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



September 17, 2009

GREGORY DESOWITZ PO BOX 2474 GAINESVILLE, FL 32602

SUBJECT: 4 ACES TREE SERVICE LLC

Ref. Number: L09000084497

We have received your document for 4 ACES TREE SERVICE LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Chapter 608, Florida Statutes, does not allow limited liability companies to issue shares or stock. Consequently, limited liability company documents cannot contain any references/terms which may implicate otherwise. Please delete any references to terms such as "shares," "stock," "stockholders," "shareholders" or the like from your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 909A00030644

District of Comparations D.O. DOV 6207 Mellaharras Elevida 20214

## ARTICLES OF AMENDMENT FILED ARTICLES OF ORGANIZATION 09 OCT -2 AM 9: 48 TO SECRETARY OF STATE The Articles of Organization for this Limited Liability Company were filed on Florida document number 109000084497 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 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) 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

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.

City

Zio Code

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 <u>Name</u> Address Type of Action DavidT. Mann MORM ☐ Add Remove Add Remove Add Remove □Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a prember or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00