

L09 000098033

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

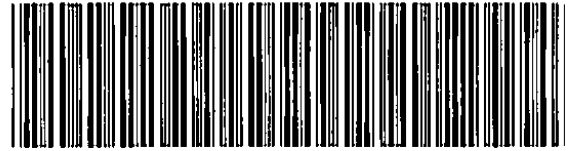
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600331079416

07/01/19-- 11:11 11 11

RECEIVED
JUL 1 2019

2019 JUL -1 PM 1:53

Y SULKFR
JUL 12 2019

TO: Registration Section
Division of Corporations

SUBJECT: Emerald Tree and Landscaping, LLC
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:

Arthur Hiscox

Name of Person

Emerald Tree and Landscaping, LLC

Firm/Company

1470 Dam Rd Bradenton FL

Address

Bradenton FL 34212

City/State and Zip Code

cutatree123@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Arthur Hiscox

Name of Person

at (941) 540 2011

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 ORGANIZATION
OF

Emerald Tree and Landscaping, 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 10-12-2009 and assign
Florida document number L 090000 98033

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1470 Dam Rd

Bradenton FL 34212

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1470 Dam Rd

Bradenton FL 34212

B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:

Name of New Registered Agent:

Arthur Hiscox

New Registered Office Address:

1470 Dam Rd

Enter Florida street address

Bradenton

City

Florida

34212

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 Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of A</u>
CEO	Schaefer Robert Andrew	403 169th Ct NE Bradenton FL 34212	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
CEO	Arthur-Hiscox	1470 Dam Rd Bradenton FL 34212	<input type="checkbox"/> Change <input type="checkbox"/> Remove <input type="checkbox"/> Add
VP	Lynn Heckler	1470 Dam Rd Bradenton FL 34212	<input type="checkbox"/> Change <input type="checkbox"/> Remove <input type="checkbox"/> Add
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

2019 JUL - 1 PM
SECURITY

E. Effective date, if other than the date of filing: 06-01-19 (optional)

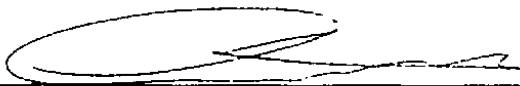
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
(b) The 90th day after the record is filed.

Dated

06-01- 2019



Signature of a member or authorized representative of a member

Arthur Hiscox

Typed or printed name of signee