## L10000011342

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## **COVER LETTER**

Division of	f Corporations	
SUBJECT:	All Brevard Tree Service, LLC	701 7A
•	Name of Limited Liability Company	2012 HAR TALLAHA
The enclosed Article	es of Amendment and fee(s) are submitted for filing.	A-5 AH
Please return all cor	respondence concerning this matter to the following:	FLORIE
	Patricia McTaggart	73.
	Name of Person	
	All Brevard Tree Service, LLC	_
	Firm/Company	
	1220 Ashlyn Dr.	_
	Address	
	West Melbourne, FL 32904	<del></del>
	City/State and Zip Code	
	triciamct@cfl.rr.com  E-mail address: (to be used for future annual report notification)	
For further informat	ion concerning this matter, please call:	
_ tatric	ame of Person Taggart at (3H) 729-8455 Area Code & Daytime Telephone Numb	er
Enclosed is a check	for the following amount:	
\$25.00 Filing Fe	Certificate of Status Certified Copy Certific (additional copy is enclosed) Certific	iling Fee, cate of Status & ed Copy onal 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

All Brev	ard Tree Service, LL	<u>C</u>		
(Name of the Limited Liabi (A Florid	lity Company as it now appear ia Limited Liability Company)	rs on our records	<u>s.</u> )	
(//////////////////////////////////////	a Difficult Diability Company)	11.		
The Articles of Organization for this Limited Liability	Company were filed on	<u> 2/1/10                                   </u>	and a	ssigned
Florida document number L10000011342		, ,		
		,		The Street or
metal and the second of the se			AS S	
This amendment is submitted to amend the following	•	•	सुङ्ग का	Lagrande
A. If amending name, enter the new name of the li	mited liability company her	e:	.ம். து. மிரி	177
A1/	Λ	_	0- 3	Protesta,
The new name must be distinguishable and end with the v	7	W.1 1 1		
"L.L.C."	words "Limited Liability Compa	ny," the designati	ion,"LLC" ar the	abbreviation
	/ ^			
Enter new principal offices address, if applicable:	_N/ A		,	<del> </del>
(Principal office address MUST BE A STREET AD	DRESS)			
	<del></del>			
	1			
T	۸۱/۵			
Enter new mailing address, if applicable:	_/ <u>///</u>			
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	<u>.</u>		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or reg	istered office address on o	ur records, <u>en</u>	ter the name	of the new
registered agent and/or the new registered office ac	<u>ldress here</u> :			
Name of New Registered Agent:	NIA			
New Registered Office Address:		rat + f	. 11	
	Eni	er Florida stree	i aadress	
		, Florid	a	
	City	<del></del>	Zip Coa	le

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = M	anaging Member		
Title .	<u>Name</u>	Address	Type of Action
MGR	Gregory McTaggart	1220 Ashlyn Dr. W. Melbourne, FL 32904	Add Remove
MGRM	Albert Maldonado	325 E. University Blvd. Apt. 134 Melbourne, FL 32901	✓ Add ☐ Remove
MGRM	Lawrence Bacola	8586 105th Ave. Vero Beach, Fl. 32967	Add Remove
MGRM_	Eric Johnson	2605 Ranch Rd. W. Melbourne, FL 32904	Add ✓ Remove
mgr	Patricia McTaggart	1220 Ashlyn Dr. W. Melbourne, Fl. 3290	Add ARemove
<del></del>			Add Remove
D. If amendi	ing any other information, enter change(	s) here: (Attach additional sheets, if necessary.)	
			ZHAR -5 L
 Dated	3/1 20	Me Saucast	
-	Patricia McT	r authorized representative of a member aggart - Office Manager r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00