

L10 0000029980

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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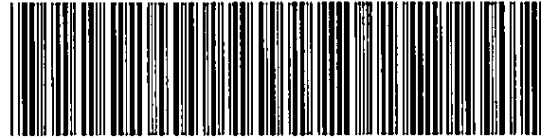
(Business Entity Name)

(Document Number)

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OCT 16 2020

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: SCOTT TREE SERVICES OF TREASURE COAST "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:

BARRY, WILLIAM

Name of Person

SCOTT TREE SERVICES OF TREASURE COAST "LLC"

Firm/Company

640 Old Dixie HWY

Address

Vero Beach, FL 32962

City/State and Zip Code

srbarry@aol.com

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

For further information concerning this matter, please call:

BARRY, WILLIAM

Name of Person

772

at ()

Area Code

473-7150

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2007
JUL 11 10:42

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SCOTT TREE SERVICES OF TREASURE COAST "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 3/17/2010 and assigned
Florida document number L10000029980

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)

640 Old Dixie Hwy

Vero Beach, FL 32962

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

640 Old Dixie Hwy

Vero Beach, FL 32962

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:

640 Old Dixie Hwy

Enter Florida street address

Vero Beach

City

Florida 32962

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

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Shane R Barry	640 Old Dixie Hwy	☒ Add
		Vero Beach, FL 32962	☐ Remove
			☐ Change
AMBR	Robert M Barry	640 Old Dixie Hwy	☒ Add
		Vero Beach, FL 32962	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated September 1st, 2020

William Barry, MGR

Filing Fee: \$25.00