L1000015421

(Req	uestor's Name)			
(Add	ress)			
(Add	ress)			
(City	/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bus	iness Entity Nar	me)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to F	Filing Officer:			

Office Use Only



000237812890

07/30/12--01043--011 **25.00

FILED

12 JUL 30 PH 3: 53

SECRETARY OF STATE
TALLAHASSEE - STATE

D. BRUCE
JUL 3 1 2012

EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: All Volusia Tree Service and Land Clearing 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:
Bryan Rosectans Name of Person
All Volusia Tree Service and Land Clearing LL
3725 Lacey Lane
New Smyrna Beach FL 32/68 ESS & SCIENTIFIC City/State and Zip Code
All volusta SUCS @ yahoo, com E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Bryan Rosectans at (3%) 689-7205 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\$ Certificate of Status \$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$\$ Certified Copy \\ \text{(additional copy is enclosed)}\$\$\$ Certified Copy \\ \text{(additional copy is enclosed)}\$\$\$}

MAILING ADDRESS:

TO:

Registration Section

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

FILE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Service and Land	Clearing LLC	
(<u>Name of the Limited Liat</u> (A Flor	ollity Company as it now appears on our ida Limited Liability Company)	records.)	
The Articles of Organization for this Limited Liabili	ty Company were filed on $4/26$	12010 and assigned	
This amendment is submitted to amend the followin	g:		
A. If amending name, enter the new name of the	limited liability company here:		
The new name must be distinguishable and end with the 'L.L.C."	words "Limited Liability Company," the c	lesignation "LLC" or the abbreviation	
Enter new principal offices address, if applicable			
Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2	SECRETARY OF TALLAHASSEE.F	
B. If amending the registered agent and/or reregistered agent and/or the new registered office		<u> </u>	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
_	C'	, Florida	
	City	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 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 = Ma MGRM = N	nnager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Add
			Remove
			Add Remove
			Add Remove
			_
			□Add □Remove
			
 			Add Remove
D. If amen	ding any other information, enter ch	ange(s) here: (Attach additional sheets, if necessary.)	_
			_
_			12. SEC
			ALL 30 CRETARY CARANSSE
			AND FILED FILED 30 PH 30 PH SSEE, F
Dated 25	ith of July, 2	1012.	ND ED PH 3: 53 OF STATE EFFLORIDA
	By n Rom		
	Signature of a men Bryan Rosecran	nber or authorized representative of a member	
	Ty	ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00a.