

L100005666

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

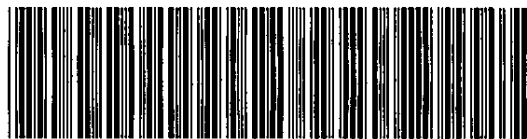
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE FLORIDA

JUL 08 2014
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jon Davis Tree Service & Removal 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:

Jon Davis
Name of Person

Firm/Company

18200 Evening Star Ave
Address

Spring Hill FL 34604
City/State and Zip Code

highinthetree@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jon Davis at (352) 799-3494
Name of Person 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

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TALLAHASSEE, FL 32301

Jon Davis Tree Service & Removal LLC

Page 1 of 3

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Zip Code

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
<u>Ambr</u>	<u>Shyanne Davis</u>	<u>18200 Evening Star Ave</u>	<input checked="" type="checkbox"/> Add
		<u>Spring Hill FL 34604</u>	<input type="checkbox"/> Remove
<u>Ambr</u>	<u>Jacob Webb</u>	<u>18200 Evening Star Ave</u>	<input checked="" type="checkbox"/> Add
		<u>Spring Hill FL 34604</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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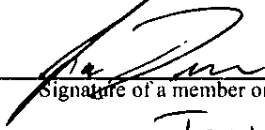
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ALABAMA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 7/1, 2014.



Signature of a member or authorized representative of a member
Jon Davis

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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