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JIL 0 8 2018

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: JON DAY, 5 TON	e of Limited Liability Company
The enclosed Articles of Amendment and fee(s	are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
	on Davis
	Name of Person
	Firm/Company
1820	O Evening Star Aug
<u>Sp</u>	City/State and Zip Code
L(chin	the tree @ y Atros. com address: (to be used for future annual report notification)
For further information concerning this matter,	please call:
Jon Davis Name of Person	at (352) 799-3494 Area Code Daytime Telephone Number 25 5
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$30.00 Filing Fe Certificate of S	

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

JON DAVIS TREE	Service & Removal LCC
	ility Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number L 60005606	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	mited liability company here:
The new name must be distinguishable and end with the words "I	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 ADL	DRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad	gistered office address on our records, enter the name of the new Idress here:
Name of New Registered Agent:	201 201
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address Florida
	City Zip Code
New Registered Agent's Signature, if changing Register	red Agent:
provisions of all statutes relative to the proper and accept the obligations of my position as registered	nt and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and agent as provided for in Chapter 605, F.S. Or, if this document is red office address, I hereby confirm that the limited liability e.

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 **Type of Action** Title <u>Name</u> <u>Address</u> Shypung Day, 5 18200 Every Star Ave Bridd Spring 1411 P1 34604 Remove 18200 Every Star Ac KAdd Ambr Jacob Webb Spry HI F1 34604 Remove □ Add ☐ Remove ☐ Add □ Remove _□ Remove

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ective date, if	other than the	date of filing:	f receipt or filed d	ate and cannot be m	(optional) ore than 90 days after
date this docum	ent is filed by the Fl	orida Department of	State)	ate and cannot be me	(optional) ore than 90 days after
ective date, i effective date m date this docum	ent is filed by the Fl	e date of filing: _ not be prior to date o orida Department of	State)	ate and cannot be me	(optional) ore than 90 days after

Page 3 of 3

Filing Fee: \$25.00

