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COVER LETTER

Division of Corp	orations		
JON DAVIS SUBJECT:	TREE SERVICE & REMOVA	AL LLC	
debater.	Name of Limite	ed Liability Company	 -
The enclosed Articles of A	mendment and fee(s) are subm	itted for filing.	
Please return all correspond	dence concerning this matter to	the following:	
	JON DAVIS		
		Name of Person	
	JON DAVIS TREE SERVICE	CE & REMOVAL LLC	
	-	Firm/Company	
	18200 EVENING STAR AV	/E	
		Address	
	BROOKSVILLE FL 34604		
		City/State and Zip Code	
	HIGHINTHETREE@YAHO		
	E-mail address: (to	be used for future annual report notificati	en)
For further information con	ncerning this matter, please call	l:	
JON DAVIS		352 942-0028 at ()	
Name of I	Person	Area Code Daytime Tel	ephone 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:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JON DAVIS TREE SERVICE & REMOVAL LLC	
(<u>Name of the Limited Liability Company as it now a</u> (A Florida Limited Liability Comp	appears on our records.) pany)
The Articles of Organization for this Limited Liability Company were filed of Florida document number L10000056066	on <u>05/25/2010</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	ny 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:	2
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	RETARY OF STA
B. If amending the registered agent and/or registered office addresegistered agent and/or the new registered office address here:	ss on our records, enter the name of the
Name of New Registered Agent:	
New Registered Office Address: Ente	er Florida street address
	Florida
City	, Florida 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>	Name	<u>Address</u>	Type of Action
MGR	MARK DAVIS	18200 EVENING STAR AVE	■ Add
		BROOKSVILLE FL 34604	☐ Remove
			☐ Change
			Add
			☐ Remove
			Change
			□ Add
			☐ Remove
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	JON DAVIS					عبر ح	70	,

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Filing Fee: \$25.00