

L10 000056066

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

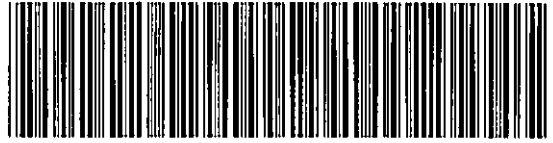
(Business Entity Name)

(Document Number)

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JUL 14 2020

2020 JUL 14 PM 2:53

C. GOLDEN

AUG 23 2020

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
JON DAVIS TREE SERVICE & REMOVAL
Firm/Company
18200 EVENING STAR AVE
Address
BROOKSVILLE 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) 9420028
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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

2010 05 14 PM 2:53

JON DAVIS TREE SERVICE & REMOVAL 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 05/21/2010 and assigned Florida document number L10000056066.

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 "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: _____

Enter Florida street address

_____, **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 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	AUSTIN J OLEY	17802 BOSLEY DR	<input type="checkbox"/> Add
		SPRING HILL FL 34610	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SHYANNA WEBB	18200 EVENING STAR AVE	<input checked="" type="checkbox"/> Add
		BROOKSVILLE FL 34604	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	KIARA DAVIS	18200 EVENING STAR AVE	<input checked="" type="checkbox"/> Add
		BROOKSVILLE FL 34604	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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