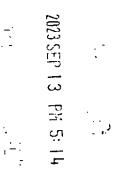
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9/21/2012/03

COVER LETTER

Division of Corporations	
SUBJECT: ARBOR-TECH T	REE SERVICE, LLC
The enclosed Articles of Amendment and fee(s) are su	abmitted for filing.
Please return all correspondence concerning this matter	-
r lease return an correspondence concerning this matter	it to the following.
<u>Cody</u>	Name of Person
ARBOR-TE	THE SMUKE, LLC Firm/Company
787 10	ARA CIRCLE Address
1 ACBO E-mail address:	City/State and Zip Code CITY/State and Zip Code CITY/State and Zip Code CITY/State and Zip Code (to be used for finare annual report notification)
For further information concerning this matter, please	
Cody Jones	at (321) 960 - 7941 Area Code Daytime Telephone Number
	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Gentified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OF

2023 SEP 13 PH 5: 14

Tree Service LLCthe Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

08/13/2010

The Articles of Organization for this Limited Liability Company were filed on _ and assigned Florida document number <u>L10000</u> 85528 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 "LLC" or the abbreviation "LLC." 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

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

Title	<u>Name</u>	Address	Type of Action
MGR	Jonathan Christian	2575 Wrangler Lane	XIAdd
		Cocoa FL 32926	□Remove
			OChange
	P1	□Add	
		□Remove	
			Change
			DAdd
		[]Remove	
			Change
			□ Add
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			□Change
			🖸 Add
			□Remove
			□Change
			□Add
			□ Remove
			□ Change

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an effi iote:	ive date, if other than the date of filing: August 17, 2023 (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tent's effective date on the Department of State's records.
rec The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed .
ated	August 17 . 2023.
	V (CONTRACTOR)
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00