

L110000045530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

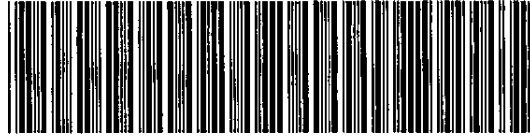
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

FEB 20 2015
J. BRUCE

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: New Breeze Tree Service, 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:

Laura M Morales

Name of Person

New Breeze Tree Service, LLC

Firm/Company

4798 S Florida Ave PMB #185.

Address

Lakeland, FL 33813

City/State and Zip Code

newbreeze.treeservice@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laura M Morales

Name of Person

at (863)

Area Code

513-2626

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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TO
ARTICLES OF ORGANIZATION
OF

New Breeze Tree Service, 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 06/06/2011 and assigned Florida document number L11000065530

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 end with the words "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 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:

Laura M Morales

New Registered Office Address:

2221 Christy Lane

Enter Florida street address

Lakeland

City

Florida

2016 FEB 17 PM 4:11
STATE OF FLORIDA
CLERK OF THE COURT
JULIA A. BASS
33801
9

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.

Laura M Morales
If Changing Registered Agent, Signature of New Registered Agent

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>
MGR	Rolando G Morales	4798 S FL Ave PMB #185	<input type="checkbox"/> Add
		Lakeland FL 33813	<input checked="" type="checkbox"/> Remove
MGR	Laura M Morales	2221 Christy Lane	<input checked="" type="checkbox"/> Add
		Lakeland, FL 33801	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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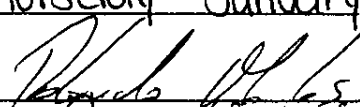
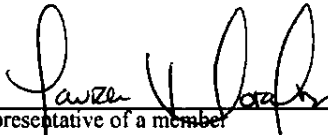
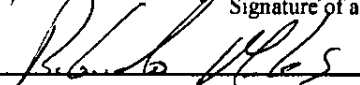
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TALLAHASSEE FLORIDA

New Breeze Tree Service, LLC is no longer conducted by
Rolando G. Morales. Laura M. Morales is the new
MGR and will take further responsibility for the
ownership of the business. with the EIN # 45-2455525
Document # L11000065530

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 Thursday January 1st 2015.

	
Signature of a member or authorized representative of a member	
	<u>Laura M. Morales.</u>
Typed or printed name of signee	

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Filing Fee: \$25.00

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