L1200013264

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

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TALLAHASSEE, FL

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RECEIVED

A. BUTLER
JUN 15 2022

COVER LETTER

Registration Section
Division of Corporations

TO:

	Name of Lim	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Melissa Hardy		
		Name of Person	·
	ALL AMERICAN TREE	PRO, LLC	
	-	Firm/Company	•••
	105 Four Points Way		
		Address	
	Tallahassee, Fl 32305		
		City/State and Zip Code	
	Melissa@allamericancrane	.com	
	E-mail address: (to be used for future annual report no	tification)
For further information	concerning this matter, please c	all:	
Melissa Hardy	·	850 443-3601	
,	of Dames	Area Code Dayti	me Telephone Number
Name	oi Person		
Name		555.	
·	the following amount:	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

ALL AMERICAN TREE PRO, LLC

2022 JUN 15 PM 1:43

(Name of the Limit	ed Liability Comp (A Florida Limited	any as it now appears Liability Company)	TALLAHASSEE, FI	
The Articles of Organization for this Limited L				
Florida document number L12000013264				
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited lial	bility company her	<u>re</u> :	
Hardy Cranes, LLC				
The new name must be distinguishable and contain the v	vords "Limited Liab	ility Company," the de-	signation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable:		105 Four Points Way		
Mailing address MAY BE A POST OFFICE	BOX)	Tallahassee, FL 32305		
B. If amending the registered agent and/or ragent and/or the new registered office addressed agent. Name of New Registered Agent:		address on our re	ecords, enter the name of the new registe	
New Registered Office Address:	105 Four Poin	ts Way		
New Registered Office Address.		Enter Florid	ida street address	
	Tallahassee		, Florida ³²³⁰⁵	
		City	Zip Code	
New Registered Agent's Signature, if changing	Registered Agent	<u>:</u>		
I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as regi being filed to merely reflect a change in the company has been notified in writing of this	er and complete stered agent as registered office	e performance of n provided for in Cl	my duties, and I am familiar with and hapter 605, F.S. Or, if this document is	

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>	Address	Type of Action
		<u> </u>	□Add
			□ Remove
			☐ Change
			□Add
			□Remove
			□Change
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			☐ Change

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Filing Fee: \$25.00