## L1200009264Z

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## **COVER LETTER**

TO:	Registration Division of 0	s Section Corporations	
CHIEF TO		s Tree Services/LLC	
SUBJE	C1:	Name of Lin	mited Liability Company
		s of Amendment and fee(s) are su espondence concerning this matte	-
		Gerard Cicoria	
			Name of Person
		Gerard's Tree Services Ll	LC
	Firm/Company		
		5270 Maria Drive	
			Address
		St James City, FL 33956	
	City/State and Zip Code		
		pincislandtax@centurylinl	k.net
		E-mail address:	(to be used for future annual report notification)
For furt	her informatio	on concerning this matter, please	call:
Gerard	Cicoria		239 633-3976 F. O .
	Nan	ne of Person	(to be used for future annual report notification)  call:  239 633-3976  Area Code Daytime Telephone Number The State of
Enclose	d is a check fo	or the following amount:	
€ \$25	.00 Filing Fed	e □ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Add	dress:	Street Address:

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

Gerard's Tree Services LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number \_\_L12000092642 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Illumination Consulting LLC 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

## 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
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			DRemove
			□Change
			DAdd
			□Remove
			□Add
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			□Remove
			□ Change

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fective date, if other than the of an effective date is listed, the date must ote: If the date inserted in this bloomment's effective date on the Department.	be specific and cannot be prior to date	of filing or more than 90 days after attempt of filing requirements, the	ional) er filing.) Pursuant to 605.020 is date will not be listed as
ecord specifies a delayed effective	date, but not an effective time, at	12:01 a.m. on the earlier of: (	b) The 90th day after the
is fried.			
is filed.  December 11	, 2024		2024 DEC SECRETA
December 11	2024 De 2000		LOEC 18 CRETARY
December 11	Decade Congrature of a member or authorized re	epresentative of a member	

Filing Fee: \$25.00