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COVER LETTER

TO: Registration Sec Division of Corp	ction porations		
SUBJECT: \REN	E A DOE'S L AW	N CARE & TREE TRIM	ming, LLC
SUBJECT:	Name of Limit	N CARE & TREE TRIM	<u></u>
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	116
Please return all correspon	ndence concerning this matter	to the following:	
	Rechi	Sotte C Name of Person	13 AUG -1 PM 6: 07
		Name of Person	<u> </u>
		Firm/Company	
	2921 East 33	Address	-
	Tampa, FL	City/State and Zip Code	
	E-mail address: (t	o be used for future annual report notificati	on)
For further information co	oncerning this matter, please c	all:	
Rechi Be Name of)tles	at (813) 928-012 Area Code & Daytime Te	Uenhone Number
.vane o		med code & Daytille Te	Teprone (Minor
Enclosed is a check for th	e following amount:		
2 \$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company) Florida document number 130000 15210 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: 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 608, 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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	RECHI BUTLER	2921 East 330 Ave	_ 🔀 Add
		Tampa FL 32610	Remove
MGR	CHARLES LANGSTON	6209 N. 43rd St. Tampa, FL 33610	Add Remove
			Add
			Add Remove
			Add Remove
			Add Remove

ameno	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	- Kouli Du
	Signature of a prember or authorized representative of a member
	Rech. Butter
	Typed or printed name of signee

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Filing Fee: \$25.00

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