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R. WHITE FEB 2 4 2020

COVER LETTER

TO: Registration Se Division of Cor			
To	in Fach DIOS II	C .	
SUBJECT:	ee Fech Pros II Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	James F	Name of Person	
	Tree Tech	Pros IIC Firm/Company	
	3624 Garret	t dr Address	
		FL 32955 City/State and Zip Code	
		City/State and Zip Code	
	Jayzerblaz E-mail address: (1	zer a gmail.com	(fication)
For further information e	oncerning this matter, please ca		,
James !	alvey	at (321) 432 Area Code Daytim	-6111
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	_		
□ \$25.00 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 Addres		Street Address:	
Registration S		Registration Sec	
Division of C P.O. Box 632	-	Division of Cor The Centre of T	•
Tallahassee, l			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF 201. 3 | 711.12: 1,4

Tree Tech Pros	ty Compan a Limited Li	y as it now app lability Company	cars on our i	records.)
The Articles of Organization for this Limited Liability Co.		were filed on_	<u>03/1</u> 1	2013 and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ited liabil	lity company	<u>here</u> :	
The new name must be distinguishable and contain the words "Limi	ited Liabilit	ty Company," th	e designation	"!.l.C" or the abbreviation "llC."
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDR	RESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
		<u>-</u> .		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office a	ddress on our	records, <u>e</u>	enter the name of the new registered
Name of New Registered Agent:	-			
New Registered Office Address:		pr r		
		Enter F	lorida street i	
		City		, Florida
Naw Degistered Agent's Signature if changing Degisteres	d Agant:	City		s.p.c oue

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

<u>Title</u>	Name	Address	Type of Action
MGR	David 5 Falvey	5020 sommervilledr	EQ./dd
	,	5020 sommervilledr Rockledge, FL 32955	□Remove
			🗆 Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			Remove
			CiChanas

<u>.</u> .	David's Falvey has been given 31% ownership
_	David's Falvey has been given 31% ownership in Tree Tech Pros IIC
	
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_	
(If an effective Note: If	tive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it's effective date on the Department of State's records.
the record	
	January 27th, 2020 1/27/2020
Dated _	1/27/2020
	June 1
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00