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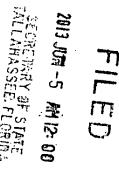
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# **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: BBG TREE Care 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:		
Jeron Barrus Name of Person		
BBGTCEP (AVE LLC Firm/Company	2013 .	
5561 PACK HUNST DR	MALLAN METAN	7
	2013 JUN - 5 MH 12: 00 SECRETARY OF STATE ALLAHASSEC, FLORIDA	
Orlando FL 32808  City/State and Zip Code  Kymikim & yahoo, com	8	
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:		
TERM BIYNES at (407) 3536.3744  Name of Person Area Code & Daytime Telephone Number	r	
Enclosed is a check for the following amount:  □ \$25.00 Filing Fee □\$30.00 Filing Fee & □\$55.00 Filing Fee & □\$60.00 Fil	ling Fee,	

Certified Copy

(additional copy is enclosed)

## **MAILING ADDRESS:**

Certificate of Status

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

### STREET/COURIER ADDRESS:

Certificate of Status &

(additional copy is enclosed)

Certified Copy

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

6367Rec (	•
(Name of the Limited Liability Com (A Florida Limited	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Comparing Florida document number <u>L1300059 26</u> 8	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	
The new name must be distinguishable and end with the words "Li" L.L.C."	imited Liability Company," the designation "LLC" or the abbrevia
Enter new principal offices address, if applicable:	<b>2013</b>
(Principal office address MUST BE A STREET ADDRESS)	
	Fig. 7
Enter new mailing address, if applicable:	FS TO
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
<u></u>	, Florida
	City Zip Code

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.

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

MGR = Manager

MGRM = Managing Member <u>Address</u> **Type of Action** Title <u>Name</u> Walter Gravely 4130 Versailles DR MGRM Orlando, FL 32808 Remove M 9 Add Remove Remove Remove

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If ame	ending any other information, enter change(s) here: (Attach additional sheets, if ne	cessary.)
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d	5,23,2013	
	J Barnes	
	Signature of a member or authorized representative of a member	
	Derome Barnes	
	Typed or printed name of signee	
	Page 3 of 3	<b>∑</b> s <b>3</b>
	Filing Fee: \$25.00	WELAH!
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