# 430001208/10

(Re	equestor's Name)	
(Ac	ddress)	
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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

Division of Corporations
SUBJECT: Eager ton Tree Service 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:
Bonnie Morgan  Name of Person  Bonnie's Book Keepins  Firm/Company
2200 Marsh Hawk Lyne #202
Fleming Island FC 32003 & City/State and Zip Code  Morgan 8113 O bellsouth. net  E-mill address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Bonnle Mogan at 904 318-8888  Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{S30.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee.} \$\Certified \text{Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee.} \$\Certified \text{Copy (additional copy is enclosed)} \$\Bigcup \text{\$60.00 Filing Fee.} \$\Bigcup \text{\$10.00 Filing Fee.} \$\Bigcup \$10.

#### MAILING ADDRESS:

TO:

Registration Section

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

Eager for Tree S (Name of the Limited Liability Compar (A Florida Limited L	Drice LLC  ny as it now appears on our records.) iability Company)	<del></del>
The Articles of Organization for this Limited Liability Company Florida document number 4130001208/6	were filed on $08/3/1$	3 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		- 2
(Principal office address MUST BE A STREET ADDRESS)		<u>```</u>
	al office address MUST BE A STREET ADDRESS)  [3]	
P		<u></u>
Enter new mailing address, if applicable:		7
(Mailing address MAY BE A POST OFFICE BOX)		2
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		the name of the new
Name of New Registered Agent:		,
New Registered Office Address:	Enter Florida street address	
	, Florida	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 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>	<u>Name</u>	Address	Type of Action
<u>MGR</u>	Patrick McClean	2059 Tanger Dr	
		2059 Tanger Dr Orange Park, FL 320	<u>&gt;73</u> □ Remove
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fective date, if other than the date of filing:	(optional)	
in effective date is listed, the date must be specific and cannot be prior to date of filing of	or more than 90 days after filing.) Pursuant to	605.02
ote: If the date inserted in this block does not meet the applicable statutory focument's effective date on the Department of State's records.	iling requirements, this date will not be	nstea
icument's effective date on the Department of State 3 records.		
		1:
e record specifies a delayed effective date, but not an effective	ve time, at 12:01 a.m. on the ea	arner
The 90th day after the record is filed.		
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Jacob Clight		_
Signature of a morphor or authorized representa	nive of a member	
/		
Signature of a myriber or authorized representation of Signature of a myriber or authorized representation of Signature of		

Page 3 of 3

Filing Fee: \$25.00