

L13 000 135 226 (L13)

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

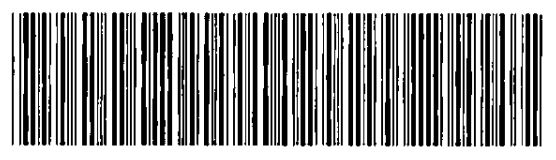
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:  
  
2541-124-53327

Office Use Only



800435862808

09/04/24--01003--001 \*\*55.00

2024 OCT -2 PM 3:18  
Full Disclosure FL

October 1, 2024

Billy Pearsall

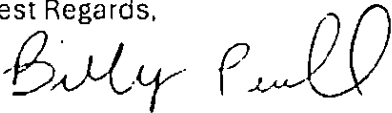
511 E Keysville Rd

Plant City, FL 33567

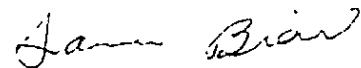
To Whom it May Concern:

I am writing to inform you that I have dissolved the company "Central Florida Tree Care, LLC" so that we can amend the name of the current company. We released the name and would like to change the current name, "Central Florida Lawn Care, LLC" to "Central Florida Tree Care, LLC". Attached are the documents and receipt for the transactions. Please let me know if you have any questions at 863-670-7375 or centralfloridatreecare@yahoo.com.

Best Regards,



Billy Pearsall



10-1-24

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Central Florida Lawn 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:

Billy Pearsall  
Name of Person

Central Florida Lawn Care, LLC  
Firm/Company

511 E Keysville Rd  
Address

Plant City, FL 33567  
City/State and Zip Code

centralflorida+treecare@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Billy Pearsall at: (813) 720-6884  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$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 Address:**  
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

Central Florida Lawn Care, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 9/25/13 and assigned Florida document number L1300135226.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Central Florida Tree Care, LLC

The new name must be distinguishable and contain 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)

2013 OCT -2 PM 5:18  
TALLAHASSEE FL  
STATE

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

\_\_\_\_\_, 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 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> | <u>Address</u> | <u>Type of Action</u>           |
|--------------|-------------|----------------|---------------------------------|
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          | <input type="checkbox"/> Change |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          | <input type="checkbox"/> Change |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          | <input type="checkbox"/> Change |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          | <input type="checkbox"/> Change |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          | <input type="checkbox"/> Change |

