L1400000 3088

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(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
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(Do	cument Number)	
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COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations	
SUBJECT: Crosson and Payne Tree Service 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:	
Grosson and Payne Tree Service, LLC Firm/Company	
11011 Twitty Rd	
Sebring FL 3387 6 City/State and Zip Code billing @ Cotree . Com E-mst address: (to be used for future annual report notification)	
E-ms. address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	· 약
Johne Calhour at (863) 402-1454 Name of Person Area Code Daytime Telephone Number	Schlekuska Schlekus S
Enclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) We alread Paid - Ref# L1400003088	
Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Crosson and Payne (Name of the Limited Liability Compan (A Florids Limited Liability Compan)	Tree Service y as it now appears on our ability Company)	records.)
The Articles of Organization for this Limited Liability Company villerida document number <u>L.140003088</u> .	1 1	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	PIA	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA_	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records,	enter the name of the new registered
Name of New Registered Agent:	NA	
New Registered Office Address:	Enter Florida stree	y 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>	Name	Address	Type of Action
MERM	Kelly Payne	11011 Twitty Rd Sebring, F1 35876	
) 0		Remove
			Change
MGRM	Heather Payne	11011 Twitty Rd Sebring, Fl 33876	🗆 Add
			Remove
			Change
<u>HGRM</u>	Billy Loe Calhoun	11011 Twithy Rd Sebringifi 33876	
		<u> </u>	□Remove
	•		Change
Merm	Yvonne Cathour	11011 Twitty Rd Sebring, FI 33876	Xadd
			Remove
			Change
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			Remove
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			DAdd
			□Remove
			□Change

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te: If the	ate, if other than the date of filing: 3 date is listed, the date must be specific and cannot be date inserted in this block does not meet the a effective date on the Department of State's reconstruction.	applicable statutory fi	(optional) more than 90 days after filing.) Pursua ling requirements, this date will no	ant to 605,02 of be listed
cord spe is filed.	cifies a delayed effective date, but not an effec	tive time, at 12:01 a.r	n, on the earlier of: (b) The 90th	day after th
ted	March 27 . 2	0000 41 12 D		
		or authorized representati		
	Signature of a member of	or autmorized representa-	ITE OF A INCHINE	

Filing Fee: \$25.00