## LIH 000003088

(Re	equestor's Name)	
(Ad	Idress)	
(Ad	ddress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	<del></del>
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
Q. SILAS		
	FEB 17 202	22

Office Use Only



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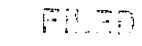
## **COVER LETTER**

TO:

TO: Registration Solution of Co				
	nd Payne Tree Service, LLC			
SUBJECT:	Name of Lim	ited Liability Company	<del></del>	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all corresponder	ondence concerning this matter	to the following:		
	Yvonne Calhoun			
		Name of Person		
	Crosson and Payne Tree So	ervice, LLC		
		Firm/Company	<del></del>	
	PO BOX 329			
		Address	<del></del>	
	Sebring, FL 33871			
		City/State and Zip Code		
	billing@cptree.com			
	E-mail address: (	to be used for future annual report no	diffication)	
For further information	concerning this matter, please ca	all:		
Yvonne Calhoun		86.3 402-1454 at ( )		
Name	of Person	Area Code Dayti	me 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 Addre		Street Address: Registration S	ection	
Registration Section Division of Corporations		Division of Co		
P.O. Box 6327		The Centre of	The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



7722 FEB -4 MIN: 3)

lity Company as it now appears on ou la Limited Liability Company)	r records.)
Company were filed on 01/07/201	4 and assigned
	und assigned
·	
nited liability company here:	
mited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
N/A	
N/A	
	, enter the name of the new regist
Enter Florida stre	et address
	Florido
City	, Florida Zip Code
ed Agent:	
t and agree to act in this capac	ity. I further agree to comply with
complete performance of my di	ities, and I am familiar with and
agent as provided for in Chapte	er 605, F.S. Or, if this document is
red office address, I hereby con v.	jirm inal the limitea tiability
	Enter Florida stree  City  ed Agent:  and agree to act in this capacity complete performance of my dualigent as provided for in Chapte red office address, I hereby con

以 | H 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
MGRM	Mark Howard	2914 Kenilworth Blvd, Sebring, FL 33870	□ Add
			Remove
			□ Change
MGRM	Tamara Howard	2914 Kenilworth Blvd, Sebring, FL 33870	🗆 Add
			Remove
			□ Change
MGRM	Mason Scott	PO BOX 329 Sebring, FL 33871	<b>=</b> Add
		Remove	
			□Change
MGRM	Wesley Kyle Green	PO BOX 329 Sebring, FL 33871	■Add
		□Remove	
		□Add	
		□Remove	
		□Change	
		□Add	
			□Remove
			□Change

	N/A
	02/01/2022
(If an el <u>Note:</u>	ive date, if other than the date of filing:
If the recore	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the fled.
15 .	2112
Dated	
	Chrome ( de Show
	Signature of a member or authorized representative of a member
	Yvonne Calhoun

Typed or printed name of signee