

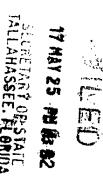
	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UF	P   WAIT	MAIL
	<del></del>	_
	(Business Entity Name)	
	(Dusiness Entity (Valley	
	(Document Number)	
	(Boodinein Humber)	
Certified Conies	Certificates of	Status
		<del></del>
Special Instructions	s to Filing Officer:	

Office Use Only



400299625254

05/25/17--01022--018 \*\*25.00



MAY 2 6 2017 Y SULKER

## **COVER LETTER**

TO:	Registration Se Division of Cor			
SUBJI	TREEWO			
50001	ECT:	Name of Lin	nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Processing Department		
			Name of Person	
		MyCorporation		
			Firm/Company	
		26025 Mureau Road, Suite	2 120	
			Address	
		Calabasas, CA 91302		
			City/State and Zip Code	
		E-mail address: (	to be used for future annual report notif	ication)
For fur	ther information c	oncerning this matter, please c	all:	
MyCo	rporation		818 224-7639	
	Name o	f Person	at ()Area Code Daytime	Telephone Number
Enclose	ed is a check for th	ne following amount:		
■ \$25	5.00 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/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TREEWORKS, LLC		
(Name of the Limited L.	ability Company as it now appears on our records. lorida Limited Liability Company)	)
	initial initial initially company,	
The Articles of Organization for this Limited Liabili	ity Company were filed on 05/14/2014	and assigned
Florida document number L14000078593	·	
······		
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	limited liability company here:	
•		
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 A)	DURESS)	
		E.
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	<u> </u>
		Ø ≥ Po ****
		EEC -
B. If amending the registered agent and/or i	registered office address on our records,	enter the dam of the new
registered agent and/or the new registered office	address here:	
Name of New Registered Agent:		
New Registered Office Address:		
Then Registered Office Address.	Enter Florida street address	
	. Flo	rida
<del></del>	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

Title	Name	Address	Type of Action
AMBR	Denise Falewitch	8073 San Pedro Plaza	Add
		Navarre, FL 32566	□ Remove
			□ Change
AMBR	Kyle Falewitch	7660 Chablis Circle	■ Add
	•	Navarre, FL 32566	□ Remove
			□ Change
			—————————————————————————————————————
			Fig-Ghange
			Property of the Remove
			☐ Change
<del></del>			□ Add
			□ Remove
	· ·		☐ Change
<del></del>			
			Remove
			☐ Change

_			
·			
<u></u>			
_		<del></del>	•
_			
		77	
_		- S	dirempa
_	—————————————————————————————————————		ि ति
_		13	
	<b>&gt;</b>		
_			
_		<del>2</del>	
-		<del></del>	
(If an effe Note:	ve date, if other than the date of filing:	o 605.02 e listed	207 (3)(b) as the
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e 90th day after the record is filed.	arlier	of:
Dated	5-22-17		
	Signature of a member or authorized representative of a member	<del></del>	
	Al Falewitch, Authorized Member		
	Typed or printed name of signee	-	

Page 3 of 3

Filing Fee: \$25.00