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COVER LETTER

Division of Corporations
SUBJECT: Experienced 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:
John R, HATINA SR.
Experienced Tree Service, LLC
4952 Reno DR.
SARASOTA FLORIDA 34233-3925 City/State and Zip Code PIONEER OE @ 9MAIL COM E-mail address (to be used for future annual report notification)
PIONER OE & 9MAIL. COM E-mail address (to be used for future annual report notification)
For further information concerning this matter, please call:
John R. Hatinin SR. at 941, 927-2877 cell (941) 350-970 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)

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

Experienced TRE	ce Jervice,	LLC	
Experienced Re (Name of the Limited Liability (A Florida)	Company as it now appears or Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Conformation Florida document number 14000869 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limit	ompany were filed on	1 Ay 30, 2	Of yand assigned
A. If amending name, enter the new hame of the mint	ed nability company nere.		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the desig	nation "L.L.C." or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRI	ESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			3
		•	energia
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		ur records, <u>enter</u>	the name of the new
			45
Name of New Registered Agent:		 	6 4
New Registered Office Address:			
	Enter Florida	street address	
	20.	Florida	Zip Code
	City		гір Соае

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 = A	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
Sec	JOHN R. HATINA SR	4952 RENO DR	🕱 Add
		SARASOTA, Fl. 34233-	3925 □ Remove
			☐ Change
Tipes.	John R. HATINA SR	. 4952 Reno DR.	 X Add
		4952 Reno DR. SARASOTA, Fl. 34233-39	25 Remove
			☐ Change
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Tradition data of the contract	्री (optional)
ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing te: If the date inserted in this block does not meet the applicable statutory cument's effective date on the Department of State's records.	ig or more than 90 days after filing.) Pursuant to 605.020
record specifies a delayed effective date, but not an effect he 90th day after the record is filed.	tive time, at 12:01 a.m. on the earlier o
od October 5 2017	
Signature of a member or authorized represer	ntative of a member
JOHN R. HATINAS	

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Filing Fee: \$25.00