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COVER LETTER

	istration Se sion of Cor			
SUBJECT:	GB TREES	AND LAND CLEARING LL	С	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	.
		NOEL BROWN		,
			Name of Person	
		NTB SERVICES LLC		
			Firm/Company	
		1656 GERANIUM AVE		
			Address	
		NORTH PORT,FL 34288		
		NTBSERVICESLLC@GM	City/State and Zip Code AIL.COM	
		E-mail address: (to be used for future annual report not if	ication)
For further in	formation c	oncerning this matter, please ca	all:	
NOEL BROV	WN		941 275-7785	
	Name o	f Person		Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 Fi	iling 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**

GB TREES AND LAND CLEARING LLC

	OF	
		the training
GB TREES AND LAND CLEARING		
(Name of the Limited)	Liability Company as it now appears on our records.) Florida Lumited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number L14000109121		and assigned
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	ne limited liability company here:	
The new name must be distinguishable and contain the word		the abbreviation "L.L.C."
Enter new principal offices address, if applicable	ie:	
(Principal office address MUST BE A STREET.	(DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO		
B. If amending the registered agent and/or registered agent and/or the new registered offic		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	da
	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>	Type of Action
MGRM	ERIK HILL	2668 CLOVELON ST NORTH PORT.FL 34291	= Add
			☐ Remove
			Change
			☐ Remove
			□ Change
		R	Remove
			Change
			Add
			☐ Remove
		Cha	☐ Change
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		Remo	Remove
			☐ Change
		 	Remove
			Change

						
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		05/0	7/2019			
ffective date, i	f other than the da	te of filing:			(optional) ys after filing.) Pursuant to	(05.030)
Note: If the date	is listed, the date must be inserted in this block tive date on the Depa	does not meet the	applicable statute	ing or more than 90 da ory filing requiremen	ys after filing.) Pursuant to	605.020 fisted as
The 90th da	y after the record	l is filed.		ctive time, at 12	:01 a.m. on the ea	arlier o
Dated	5 107 D. N.	. 20	19			
	I I	- /				
C	/ / / // ``			entative of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00