L14000112029

(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
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PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE
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COVER LETTER

то:	Registration Se Division of Cor		* **	
SUBJE		po Hauling and Tree Service,	LLC	
SUDJE		Name of Lim	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please i	return all correspon	ndence concerning this matter	to the following:	
		Caleb Curl		
			Name of Person	
			Firm/Company	
		8586 Russell Ave,		
		Pensacola, FL 32534	Address	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	ication)
For furt	ther information co	oncerning this matter, please ca	all:	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclose	ed is a check for th	e 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

TO ARTICLES OF ORGANIZATION OF

HUNGRY HIPPO HA	ULING & TREE SERVICE L	LC
(Name of the Limited Liabil	ity Company as it now appears on our rec a Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability (Company were filed on07/15/2	014 and assigned
lorida document number L14000112029	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		FE S
Principal office address MUST BE A STREET ADD	RESS)	至是
	···	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
		明年 星
Enter new mailing address, if applicable:		9: 9
Mailing address MAY BE A POST OFFICE BOX)		RIE 8
Truming manifest MITT BE ITT OST OF THOSE BOXY		
B. If amending the registered agent and/or regisegistered agent and/or the new registered office add		ords, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	ldress
		, 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	De'Andre Nelson	6030 Hilburn Rd.	
		Apt. 117	□ Romova
		Pensacola, FL 32504	Change
			Add
			□ Remove
			Add
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
			Add SECRETARY Reinove
			22 AM 9: 58 AARY OF STATE ASSEE: FLORIDA
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(If an eff Note:	ive date, if other than the date of filing:	ptional) after filing.) Pursuant to 605.0207 this date will not be listed as
	cord specifies a delayed effective date, but not an effective time, at 12:0 90th day after the record is filed.	1 a.m. on the earlier of
.		15 TA
Dated	· · · · · · · · · · · · · · · · · · ·	ECR JU
		JUN 22
	Signature of a member or authorized representative of a member	ASSE SE
		SEY M
	Caleb Curl	SIV FLO
	Typed or printed name of signee	<u> </u>

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Filing Fee: \$25.00