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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: American Country 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:
Cote W Shakir Name of Person
Name of Person
american Country tree Service
2824 landry one Address
Palm Pay Florida 22909 City/State and Zip Code Shakir 936 @ Yahoo.com E-mail address: (to be used for future annual report notification)
Shakir 936 @ Yahoo.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Cote w Shakir Name of Person at (860) 922-9228 Area Code Daytime Telephone Number
And code Bayanic Pelephote Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scertificate of Status Status Status Scertified Copy (additional copy is enclosed) S60.00 Filing Fee, 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

	undry Tree Service
(Name of the Limited	Liability Company as it now appears on our records.) A Florida Limited Liability Company)
The Articles of Organization for this Limited Liab Florida document number <u>L1H0001910</u>	bility Company were filed on 04-72-7015 and assigned
This amendment is submitted to amend the follow	ving:
A. If amending name, enter the new name of t	he limited liability company here:
american Country	Lawn Service UL
The new name must be distinguishable and end with the wo	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicat	ole:
(Principal office address MUST BE A STREET	ADDRESS)
	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE B	<u>ox)</u>
	—————————————————————————————————————
	registered office address on our records, enter the namecof the new
registered agent and/or the new registered office	ce address here:
	12 12 12 12 12 12 12 12 12 12 12 12 12 1
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zin 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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member **Type of Action** Title **Name Address** Cote W Shakir AMBR **□** Add FL 72909 _□ Add ☐ Remove □ Add □ Remove ☐ Remove 5 ☐ Add ☐ Remove □ Add ☐ Remove

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the date this document is filed by the Florida Department of State	
the date this document is filed by the Florida Department of State Dated 04-22-7015	e) ·
Dated 04-22-7015	or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00

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