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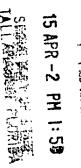
(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

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TO:	Registration Se Division of Cor			
SUBJ	ECT: Houn	nère # Associates - Name of Lim	Arboricultural Servited Liability Company	rices, LLC
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		PAMELA	D. HOUMERE Name of Person	
		HOUMERE & ASS	SOCIATES ARBORICUL Firm/Company	TURAL SERVICES, LLC
		4426 R	CABBIT POND PD Address	
			City/State and Zip Code	
			eree gmail. com to be used for future annual report not	ification)
For fu	rther information c	oncerning this matter, please co	all:	
P	AMELA H	OUMERE		- 2179 ne Telephone Number
Enclos	sed is a check for th	e following amount:		
□ \$2	25.00 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)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section in of Corporations ox 6327 ssee, FL 32314	STREET/COUR Registration Section Division of Corpon Clifton Building 2661 Executive Control	on rations enter Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Houmère & Associates Arboricul- (Must end with the words "Limited Li	oral Services, LLC ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office	e of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4426 RABBIT POND RD. TALLAHASSEE, FL 32309	4426 RABBIT POND RD TALLAHASSEF, FL 32309
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother	
business entity with an active Florida registration.)	
The name and the Florida street address of the registered ag	
PAMELA DIANN Name	E HOUMÈRE
H426 RABBIT F Florida street address (P.O. Box N	
TA CLAHASSEE City	FL 32309
City	Zip
the place designated in this certificate, I hereby accept the capacity. I further agree to comply with the provisions of a of my duties, and I am familiar with and accept the obliga Chapter	ce of process for the above stated limited liability company at the appointment as registered agent and agree to act in this all statutes relating to the proper and complete performance ations of my position as registered agent as provided for in 605, F.S
Pamela J. J. Registered Agent's Signature	e (REQUIRED)
(CONTINUED	
Page 1 of 2	PM 1:58

the name and address of each person au	thorized to manage and control the Limited Liability Company:
Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR/MGP	PAMELA D. HOUMÈRE
	4426 RABBIT POND RD
	TALLAHASSEE, FL 32309

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(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date (If an effective date is listed, the date must be spetthe date of filing.)	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days after
(If an effective date is listed, the date must be specified the date of filing.)	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days after
(If an effective date is listed, the date must be specified the date of filing.)	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days after
(If an effective date is listed, the date must be specified at the date of filing.) ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE:	ecific and cannot be more than five business days prior to or 90 days afte
(If an effective date is listed, the date must be specified date of filing.) ARTICLE VI: Other provisions, if any.	ecific and cannot be more than five business days prior to or 90 days afte
(If an effective date is listed, the date must be spetthe date of filing.) ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me	a D. Launere mber or an authorized representative of a member.
(If an effective date is listed, the date must be spetthe date of filing.) ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me	mber or an authorized representative of a member. 3 (1) (b), Florida Statutes, the execution of this document of perjury that the facts stated herein are true. d in a document to the Department of State
ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 605.020 constitutes an affirmation under the penalties of I am aware that any false information submitte constitutes a third degree felony as provided for	mber or an authorized representative of a member. 3 (1) (b), Florida Statutes, the execution of this document of perjury that the facts stated herein are true. d in a document to the Department of State or in s.817.155, F.S.)
(If an effective date is listed, the date must be spetthe date of filing.) ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 605.020 constitutes an affirmation under the penalties of I am aware that any false information submittee.)	mber or an authorized representative of a member. 3 (1) (b), Florida Statutes, the execution of this document of perjury that the facts stated herein are true. d in a document to the Department of State or in s.817.155, F.S.)
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ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a media and affirmation under the penalties of I am aware that any false information submitted constitutes a third degree felony as provided for the penalties of I am aware that any false information submitted constitutes a third degree felony as provided for the penalties of Registered Agent \$30.00 Certified Copy (Optional)	mber or an authorized representative of a member. 3 (1) (b), Florida Statutes, the execution of this document of perjury that the facts stated herein are true. d in a document to the Department of State or in s.817.155, F.S.)
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Page 2 of 2