L15000089198

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COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: Apex Tree and Land LLC. Name of Limited Liability Company							
The enclosed Articles of Amendment and fee(s) are submitted for filing. Sonya L. Jackson Name of Person Apex Tree and Land, LC Firm/Company 3702 7154 St. E. Address Paratho H. 34221 City/State and Zip Code Leilanitree@aol.com F-mail address: (to be used for future annual report notification)							
Please return all correspondence concerning this matter to the following:							
Sonya L. Jackson Name of Person							
Apex Tree and Land, LLC Firm/Company							
3702 71st St. E. Address							
Palmetto 71. 34221 City/State and Zin Code							
Leilanitree@ao1.com							
For further information concerning this matter, please call:							
Sonya Jackson at (941) 981-3020 Name of Person Daytime Telephone Number							
Enclosed is a check for the following amount:							
□ \$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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

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<u>.</u>)	TORIE -

Pex Tree and Lability Companied L. (A Florida Limited L.	y as it now appears on our recordiability Company)	ds.) AHASSIE TORIE
The Articles of Organization for this Limited Liability Company Florida document number <u>L.1500089.198</u> .	were filed on 5 20 20	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil Leilani Tree & Land Service & The new name must be distinguishable and contain the words "Limited Liabili Enter new principal offices address, if applicable:	E LLC ty Company," the designation "LLC	C" or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		ls, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	SSS
		lorida

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

FILED 2017 JUN 22 PM 2: 43 or removed from our records: MGR = Manager AMBR = Authorized Member Type of Action <u>Title</u> <u>Name</u> Address □ Add □ Remove ☐ Change □ Add □ Remove ☐ Change □ Add □ Remove _ Change _□ Add ☐ Remove _ 🛘 Change _ 🗆 Add □ Remove _ Change _□ Add ☐ Remove _ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

_	<u>email:</u>	<u>leilanitr</u>	<u> وو (ب 100 ا</u>	<u>. Com</u>		
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(If an effe <u>Note:</u>		te must be specific and his block does not a	d cannot be prior to da neet the applicable		(optional) an 90 days after filing.) Puirements, this date wi	
	ord specifies a de 90th day after the			n effective time	, at 12:01 a.m. on	the earlier of:
Dated_	June 19	9	. 2017 .			
		Signatury o'ya	member or authorize	d representative of a	member	
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		>c	onya jac	HSOn_		

Page 3 of 3

Filing Fee: \$25.00