## 150033404

| (Re                     | questor's Name)    |             |
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| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | siness Entity Nar  | ne)         |
| (Do                     | cument Number)     |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
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## **COVER LETTER**

|  | egistration Sectivision of Corp     |  |   |  |
|--|-------------------------------------|--|---|--|
| CUBICAT                                      | JR's Limb &                         | Tree, LLC  |   |  |
| SUBJECT                                      | :                                   | Name of Lim  | ited Liability Company  |  |
| The enclos                                   | ed Articles of A                    | mendment and fee(s) are sub  | omitted for filing.   |  |
| Please retu                                  | rn all correspon                    | dence concerning this matter   | to the following:   |  |
|  |                                     | Frank C. Whigham, Esqui  | re  |  |
|  | Name of Person                      |  |   |  |
| Stenstrom, McIntosh, Colbert & Whigham, P.A. |                                     |  |   |  |
|  | Firm/Company                        |  |   |  |
|  | 1001 Heathrow Park Lane, Suite 4001 |  |   |  |
|  |                                     |  | Address   |  |
|  |                                     | Lake Mary, FL 32746  |   |  |
|  |                                     |  | City/State and Zip Code   | ANG CEC 3  |
|  |                                     | danielle@stenstrom.com   |   |  |
| For further                                  | information cor                     | ncerning this matter, please c   | to be used for future annual report notif   | ication) Section Present Secti |
| Danielle L                                   | aVerde, Paraleg                     | al   | 407 322-2171<br>at ( )  | ATE OB   |
|  | Name of                             | Person   |   | Telephone Number   |
| Enclosed is                                  | s a check for the                   | following amount:  |   |  |
| \$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)   |
|  | Registrat<br>Division<br>P.O. Box   | NG ADDRESS:<br>tion Section<br>of Corporations<br>(6327<br>see, FL 32314 | STREET/COURIE<br>Registration Section<br>Division of Corpora<br>Clifton Building<br>2661 Executive Cer<br>Tallahassee, FL 32. | n<br>ations<br>nter Circle   |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| mpany as it now appears on our records.) ted Liability Company) any were filed on August 8, 2015 |  |
|--|--|
| any were filed on August 8, 2015   |  |
|  | and assigned   |
|  |  |
| liability company here:  |  |
| iability Company," the designation "LLC" or  | the abbreviation "L.L.C."  |
| 297 Grant Line Road, Sanford, FL   | 327112 5   |
|  | F 3 F F  |
| 297 Grant Line Road. Sanford. FL   | 14 (7)   |
|  | 08 08  |
| l office address on our records, <u>e</u><br><u>here</u> :                                       | nter the name of the   |
|  |  |
|  |  |
| Enter Florida street address   |  |
| , Florid   | laZip Code   |
| 1  | 297 Grant Line Road, Sanford, FL  and the sanford of t |

## 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>                   | Address             | Type of Action             |
|--------------|-------------------------------|---------------------|----------------------------|
| MGR          | Frank G. Williams, Jr.        | 279 Grant Line Road | Add                        |
|              |                               | Sanford, FL 32771   | Remove                     |
|              |                               |                     | □ Change                   |
| MGR          | Gerald Franklin Williams, Jr. | 297 Grant Line Road | ■ Add                      |
|              | ν,                            | Sanford, FL 32771   | ☐ Remove                   |
|              |                               | <u> </u>            | □ Change                   |
|              |                               |                     | Add SECRETOR Remove Change |
|              |                               |                     | 三日Add<br>ライ の<br>□ Remove  |
|              |                               |                     | ☐ Change                   |
|              |                               |                     | Add                        |
|              |                               |                     | □ Remove                   |
|              | •                             |                     | ☐ Change                   |
|              |                               |                     | Add                        |
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|              |                               |                     | ☐ Change                   |

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| Effective date, if o | ther than the date of filin   | g:                 |                        | (option:                                      | al)   |
| Note: If the date in | sted, the date must be specific and serted in this block does not red date on the Department of S | neet the applicabl | e statutory filing req | nan 90 days after fili<br>juirements, this da | ing.) Pursuant to 605.0207<br>ate will not be listed as |
|                      | es a delayed effective of after the record is filed.  |                    | in effective time      | , at 12:0 <b>1</b> a.n                        | n. on the earlier of                                    |
| December 28          | }   | 2015               |                        |   |   |
| Dated                |   | ; —//              | •                      |   |   |
| _L                   | rold Frankling of a   | member or authoriz | ed representative of a | member  |   |
| Gerald F             | Franklin Williams, Jr.  |                    |                        |   |   |
|                      |   | Typed or printed r | name of signee         |   |   |

Page 3 of 3

Filing Fee: \$25.00