L15000193239

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO:	Registration Se Division of Cor			
CHDI	ECT:	Axe to Grin	nd Tree Service, LLC	
зовя	EC1.	Name of Lim	ited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	e return all correspo	ondence concerning this matter	to the following:	
			Sloan Cox	
			Name of Person	
		A	Axe to Grind Tree Service, LLC	
			Firm/Company	
			PO BOX 21192	
			Address	
			Tampa FL 33622	
			City/State and Zip Code	
			an@axetogrindtreeservice.com	
		E-mail address: (to be used for future annual report noti	fication)
For fu	irther information c	oncerning this matter, please ca	all:	
Mich	elle Taylor		727 485-5684 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclo	sed is a check for the	he 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)

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



July 15, 2016

SLOAN COX PO BOX 21192 TAMPA, FL 33622

SUBJECT: AXE TO GRIND TREE SERVICE, LLC

Ref. Number: L15000193239

We have received your document for AXE TO GRIND TREE SERVICE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 216A00014863

TALLANAS OF STATE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Axe to Grind Tre	e Service, LLC		
(Name of the Limi	ted Liability Compar (A Florida Limited L	ny as it now appears or Liability Company)	n our records.)	
The Articles of Organization for this Limited L	iability Company	were filed on11/16	/2015	and assigned
Florida document number L15000193239	·			
This amendment is submitted to amend the foll	lowing:			
A. If amending name, enter the new name o	of the limited liabi	llity company here	;	
The new name must be distinguishable and contain the v	words "Limited Liabil	ity Company," the desig	gnation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applic	cable:			
<u>(Principal office address MUST BE A STREI</u>	ET ADDRESS)			
				T _S 1
Enter new mailing address, if applicable:		10 Box	c 21192	
(Mailing address MAY BE A POST OFFICE	' ROY	James F	(236.2)	
(Majing daires, MAI BEAT OST OFFICE	<u>ΒΟΛ)</u>	1000	- Sould	(1) (S) (A)
				75 3 16
B. If amending the registered agent and			ur records, <u>enter</u>	~ 1
registered agent and/or the new registered o	iffice address here	<u>:</u>		Sim S
Name of New Registered Agent:	Sloan Cox			
New Registered Office Address:	PO-BOX-21192	- 6321 Pa	dolack Gl	on D+#3/2
		Enter Florida	street address	22/2/1
	Tampa		, Florida 😤	3007
		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

' '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>	Name	Address	Type of Action
MGR	Sloan Cox	6321 Paddock Glen Dr #312	Add
		Tampa FL 33634	Remove
			☐ Change
			Add
			□ Remove
			Change
			Add
			□ Remove
			Change
		- 	□ Add
			□ Remove
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			Remove ∶
			Change.

			
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an effective date is ote: If the date i	listed, the date must be spe	of filing: ecific and cannot be prior to date of filing or more than 90 or mo	_(optional) days after filing.) Pursuant to 605.020 ents, this date will not be listed a
	fies a delayed effe after the record is	ctive date, but not an effective time, at 1 s filed.	2:01 a.m. on the earlier o
	July 10	A 2016	· · ·
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ated	.0	July -	主点 트
ated	Signat	Ture of a member or authorized representative of a member	5- UD "
ated	Signat	Sloan Cox	MH 29 PH

Page 3 of 3

Filing Fee: \$25.00