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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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COVER LETTER

TO:

TO: Registration Secti Division of Corpo			
SUBJECT: MCLM	Hough Tree Name of Limi	SQVV, C L	
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The enclosed Articles of An	nendment and fee(s) are subr	nitted for filing.	
Please return all correspond	ence concerning this matter t	to the following:	
	shelby 1	Name of Person	<u> </u>
	McCullough	Firm/Company Fern (velk Address	Ce
	1514 5.	Fern (reck	al.
	Orlando	32806 City/State and Zip Code	
	MCCUlland + E-mail address: (1	o be used of future annual report notif	ication)
For further information con-	cerning this matter, please ca	ill:	
Shilly Ac	Callough.	at (40 7) SGI) Area Code Daytifie	455 Telephone Number
Englosed is 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)
Registrati	G ADDRESS: on Section of Corporations 6327	STREET/COURING Registration Section Division of Corpora Clifton Building	n

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

McCullough Tree Service LL. (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 Liability Company were filed on <u>07-17-17</u> and assigned Florida document number <u>L 6 8000 16 771</u> .
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent: Anthony Rhoades
New Registered Office Address: Enter Florida street address
Cuy Florida Zip Orde

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

	Authorized Person(s) authorized to m from our records:	anage, enter the title, name, and address of each	n person being added
MGR = M $AMBR = A$	anager uthorized Member		
Title	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00