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(F	Requestor's Name)	
(/	Address)	
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((City/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
1)	Business Entity Nar	ne)
J)	Document Number)	
Certified Copies	Certificates	s of Status
Special Instructions t	to Filing Officer:	



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SECRETARY OF STATE
TALLARIASSEE, FLORIDA

Office Use Only

D. SCOTT MAR 2 9 2017

COVER LETTER

TO: Registration Se Division of Cor			\$	
SUBJECT:	orderble L	AKC Clegited Liability Company	aning, LLC	
The enclosed Articles of	Amendment and fee(s) are subi	nitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Octav15	Black		
	Affordable L	Name of Person Check Firm/Company	ing, LLC	
	253 Chm	guat Rd	NW	
	Lake Placi	City/State and Zip Code	852	
	attordable tree a	nd Jawn @ Yo	ahoo, com	
		o be used for future annual r	eport notification)	15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
For further information co	oncerning this matter, please ca	11:		188 五九
Octavis ?	Black	at (\$\frac{513}{3})	41-7580	高麗
Name of Enclosed is a check for the		Area Code	Daytime Telephone Number	PH 2:16 PH 2:16 FE, FLORIDA
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy		ng Fee, e of Status &

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ed 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 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: TREE DERVICE UF The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation 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: New Registered Office Address: Enter Florida street address Florida

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:

	Manager Authorized Member
Title	Nama

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			Change
			Remove
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		-	☐ Remove
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			Remove T
			TO Charge IT
			Add 6
			☐ Change
			Add
			☐ Remove
		☐ Change	

D. If amend	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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<u></u>		
		
		
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	CREATE TO THE CONTRACT OF THE	, ~
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Note: If	e date, if other than the date of filing: (optional) (ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605:0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t's effective date on the Department of State's records.	7 (3)(b) the
If the recor (b) The 90	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 0th day after the record is filed.	f:
Dated	3/23/2017.	
	Signature of a member or authorized representative of a member	
	OCTAVIS BLACK Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00