1600	2036554
(Requestor's Name) (Address)	600440051836
(Address) (City/State/Zip/Phone #)	11/28/2401004027 ++52.50 01 / 31 /25 010010 22 **52.50
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	TALLARASE
Special Instructions to Filing Officer: TITT + LLC	5 FE 5 FE 5 FE 5 FE 5 FE 5 FE 5 FE 5 FE
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Office Use Only

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TO:	Registration Section
	Division of Corporations
SUBJE	The Prince of Trees LLC
	Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

at (<u>467</u>) <u>271-4540</u> Area Code Daytime Telephone Number uetine Name of Person

Enclosed 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) 560.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

(\$52.50 previously pd - balance 06 \$7.50

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

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Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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The Pri	nce of	TREES L	HOT IAN 31 AN 9: NG
(Name of the Limited	Liability Company Florida Limited Lie	v as it now appears on ibility Company)	
		ionity company (T15 2016SEE, Fand assigned
The Articles of Organization for this Limited Liab	ility Company v	ere filed on	115-2016SEE, Fand assigned
Florida document number <u>L160000 31</u>	0554		
This amendment is submitted to amend the follow	ing:		
	-		
A. If amending name, <u>enter the new name of the second sec</u>	<u>ne limited liabil</u>	ity company here:	
NIA			
The new name must be distinguishable and contain the word	Is "Limited Liabilit	y Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	No chan	e.
• •)*
(Principal office address MUST BE A STREET)	<u>ADDRL337</u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BC	<u> 2X)</u>		
B. If amending the registered agent and/or reg	istered office ac	dress on our reco	rds, enter the name of the new registered
agent and/or the new registered office address			
Name of New Registered Agent:	NO Ch	ange	
New Registered Office Address:			
New Registered Office Address.		Enter Florida :	street address
			Devide
		City	, Florida 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added , <u>or removed from our records</u>:

· ·

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	<u>Type of Action</u>
AMBR	ZACHARY Brune	-7305 AUTUM VALE DR.W	e_ □Add
	,	7305 AUTUM VALE DR.W Orlando, FL 32822	Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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(If an effective Note: If the	date is listed, e date inserte	than the da	specific and c does not me	annot be prior to et the applicat	date of filing or	2.4 more than 90 c ling requireme	_ (optional) Jays after filing.) P ents, this date w	ursuant to 605.0207 (3) ill not be listed as the
document s	encenve da	e on the popu		2				
	cifics a delay	ed effective da	ate, but not a		e, at 12:01 a.n	n. on the earli	er of: (b) The	90th day after the
ord is filed.				.•				
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Dated	01	22	,	2025	_ ·			
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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 8, 2025

JACQUELINE ALLEN 7305 AUTUMNVALE DRIVE ORLANDO, FL 32822

SUBJECT: THE PRINCE OF TREES ALC, AN 2 8 202

We have received your document for THE PRINCE OF TREES, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDIA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

FLORIDA PROFIT CORPORATION FLORIDIA LIMITED LIABILITY COMPANY YOU NEED TO PAY AN ADDITIONAL \$7.50 TO RECEICE THE CERTIFICATE OF STATUS AND CERTIFICATED COPY FOR A FLORIDA LIMITED LIABILITY COMPANY.

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) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 525A00000500

Anissa, thank you so much for your assistance. I have attached the could form to Arnod the Felle. My apologizes for submitting the wrong form. Is there are possible chance that the effective Date of thange be backdated based on our original submission change be backdated based on our original submission Date? Our Financial Dreptitust some in Not remove this more Date?



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 8, 2025

JACQUELINE ALLEN 7305 AUTUMNVALE DRIVE ORLANDO, FL 32822

SUBJECT: THE PRINCE OF TREES, LLC Ref. Number: L16000036554

We have received your document for THE PRINCE OF TREES, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDIA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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Anissa Butler Regulatory Specialist II

Letter Number: 525A00000500