## 116000054114

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## COVER LETTER

D1/131	on or Cor	porations		
SUBJECT: JI	3K TREES	S LLC		
SCHOLET.		Name of Lim	ited Liability Company	
The enclosed A	rticles of	Amendment and fee(s) are sub	mitted for filing.	
		ndence concerning this matter	_	
		DAN GROSSMAN		
			Name of Person	
		D & S MANAGEMENT S	SERVICES, INC	
			Firm/Company	
		9116 GRIFFIN ROAD		
			Address	
		COOPER CITY, FLORID	A 33328	
		DAN@DSCPAFL.COM	City/State and Zip Code	
		E-mail address: (	to be used for future annual report noti	fication)
For further info	rmation co	oncerning this matter, please ca	all:	
DAN GROSSN	IAN .		954 680-7759	
	Name of	Person	at () Area Code Daytim	e Telephone Number
Enclosed is a ch	neck for th	e following amount:		
■ \$25.00 Filir	ng 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:

TO:

**Registration Section** 

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JBK TREES LLC (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 03/16/2016 \_\_\_\_ and assigned Florida document number L16000054114 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: JBK LANDSCAPING & TREE SERVICES, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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	BRIAN THAYER	3880 NW 97TH AVE.	
		HOLLYWOOD, FLORIDA 33024	■ Remove
			☐ Change
MGR	JACQUELINE THAYER	3880 NW 97TH AVE.	<b>⊟</b> Add
		HOLLYWOOD, FLORIDA 33024	Remove
			☐ Change
MRG	DAVID ZINN	3880 NW 97TH AVE.	B Add
		HOLLYWOOD, FLORIDA 33024	Remove
			Change 16 NOV 2
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Effective	date, if other than the date of filing: (optional)	Alla Rida		٠, ٠
Note: If t	we date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Phe date inserted in this block does not meet the applicable statutory filing requirements, this date wis effective date on the Department of State's records.	'ursuant to 6 ill not be li	05.0207 sted as	(3) the
e recor The 90	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. or Oth day after the record is filed.	າ the ear	lier of	
Dated	Signature of a member or authorized representative of a member			
	Signature of a member or authorized representative of a member			

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Filing Fee: \$25.00