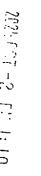
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(Re	questor's Name)	)
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to F	Filing Officer:	
Ur	<u>Nills</u>	





10/02/24--01004--002 \*\*30.00



## **COVER LETTER**

TO:

Tallahassee, FL 32314

TO: Registration So Division of Con			
	DSCAPING & TREE SERVICE	ES, LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
	ondence concerning this matter		
	DANIEL GROSSMAN		
		Name of Person	
	D & S MANAGEMENT S	ERVICES, INC.	
		Firm/Company	
	9116 GRIFFIN ROAD		
		Address	
	COOPER CITY, FL 33328	:	
		City/State and Zip Code	<del></del>
	hugo@dscpatl.com		
		to be used for future annual report no	tification)
For further information	concerning this matter, please co	nil:	
DANIEL GROSSMAN		954 885-6900 at ()	
Name	of Person	Area Code Daytii	me Telephone Number
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)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration Division of G		Street Address: Registration S Division of Co	
P.O. Box 63		The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JBK LANDSCAPING & TREE SERVICES, LLC

(Name of the Lim	ited Liability Company as it now appea (A Florida Emited Liability Company)	ars on our records.)		
The Articles of Organization for this Limited I Florida document number £16000054114	Liability Company were filed on M	IARCH 16. 2016	and assig	ned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liability company h	<u>ere</u> :		
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbrevia	ntion "L.L.	2."
Enter new principal offices address, if appli	cable:	· <del></del>		
(Principal office address MUST BE A STRE.	ET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)				# X
			١	
B. If amending the registered agent and/or		records, <u>enter the name of t</u>		registere
agent and/or the new registered office addr	ess nere:		- <del></del>	_ 1
Name of New Registered Agent:	JACQUELINE THAYER		0	
New Registered Office Address:	3880 NW 97TH AVE.			
	Enter Flo	orida sweet address		
	HOLLYWOOD	, Florida <u>33024</u>		
	City	Zi	p Code	<del></del>

## 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.

Changing Registered Agent, Signature of New Registered Agen

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	<u>Address</u>	Type of Action
MGR	DAVID ZINN	3880 NW 97TH AVE.	□Add
		HOLLYWOOD, FL 33024	■Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□ Change
		□Remove	
			□ Change
<del></del>			□Add
			□Remove

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iote:	ive date, if other than the date of filing:  (optional)  (certive 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
recor Lis fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
ated	SEPTEMBER 23
	signature of a miniber or authorized representative of a member

Filing Fee: \$25.00