L16000061761

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ac | ldress) | |
| (Ac | ldress) | |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bı | ısiness Entity Nan | ne) |
| | | |
| (Do | ocument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| | Registration Sec Division of Corp | | | |
|--------------------|--------------------------------------|---|---|--|
| SUBJEC | et: <u>Gene</u> r | CHIONS TYC | e Service, Lited Liability Company | <u> </u> |
| The encl | osed Articles of A | mendment and fee(s) are sub- | mitted for filing. | |
| Please re | turn all correspon | dence concerning this matter | to the following: | |
| | | Brook | Y ME'OCK Name of Person | |
| | | Cleneration | OS Tree Service Firm/Company | <u>, Lhĉ</u> |
| | | 720 Harbon | Address | |
| | | Cleanizater | FL 33767 City/State and Zip Code | |
| | | brode brodess: (t | Chrocinck, Cemoo be used for future annual report notif | ication) |
| For fu r th | er information co | ncerning this matter, please ca | atl: | |
| Brox | Name of | CK Person | at (737) 300- Area Code Daytime | ついりし 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) |
| | | | | |

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

Street Address:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Compa | Dryvice ILC | |
|--|---|--------------------------|
| (A Florida Limited 1 | Liability Company) | |
| The Articles of Organization for this Limited Liability Company | were filed on 3 3 3 6 30 1 | and assigned |
| Florida document number | · | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| Stump Hunks LL | <u></u> | |
| The new name must be distinguishable and contain the words "Limited Liabil | lity Company," the designation "LLC" or the | e abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 720 Harbor 7 | boole |
| (Principal office address MUST BE A STREET ADDRESS) | Clearwoter FL | 33767 |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | <u> </u> |
| | | |
| | | (62) |
| B. If amending the registered agent and/or registered office a | address on our records, enter the r | ame of the new registere |
| agent and/or the new registered office address here: | | |
| | | , <u></u> |
| Name of New Registered Agent: | | امد عند از دن |
| New Registered Office Address: | | |
| - | Enter Florida street address | , U. |
| | , Florida | |
| | City | 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, 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 |
|--------------|------|---------|----------------|
| | | | □Add |
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| . If an | nending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| (If an e <u>Note</u> | tive date, if other than the date of filing: |
| the reco | ord 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 filed. |
| Date | June 21st. abai |
| | Signature of a member or authorized representative of a member |
| | |
| | Typedor printed name of signee |