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COVER LETTER

TO: Registration Se Division of Co			
	IICKEY'S TREE SERVICE LI	.c ·	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	DANIEL R HICKEY		
		Name of Person	
	DANIEL HICKEY'S TRE	E SERVICE	4
	- 	Firm/Company	
	718 GRACIE CT		
		Address	3 SE
	DELAND, FL 32720		16 HAY ST PH 5: 56
		City/State and Zip Code	හා ර
	HICKEYSTREESERVICE	-	
English in Comments		to be used for future annual report notific	ation)
For further information c	concerning this matter, please co	all:	
DANIEL HICKEY		386 804-4756 at ()	
Name o	of Person		elephone Number
Enclosed is a check for t	he 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)
	ING ADDRESS:	STREET/COURIE	R ADDRESS:

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DANIEL HICKEY'S TREE SERVICE LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Pionos Lis	mited Liaothty Company)			
The Articles of Organization for this Limited Liability Com	npany were filed on 04/0	6/2016	and assigne	d
Florida document number L16000068052			_ 0	
This amendment is submitted to amend the following:				
and an end of the second				
A. If amending name, enter the new name of the limited	d liability company her	<u>e</u> :		
				<u> </u>
The new name must be distinguishable and contain the words "Limited	l Liability Company," the des	ignation "LLC" or the abbr	eviation E.L.C.	
Enter new principal offices address, if applicable:			E.	
(Principal office address MUST BE A STREET ADDRES	SS)		رې	8727
	<u> </u>		70	
	<u> </u>		-بر اب	رون نسم ماري نسم ماري حوي
Enter new mailing address, if applicable:			رن م.	این این ۲ اشا
• • • •		<u> </u>	ىمى	,F.
(Mailing address MAY BE A POST OFFICE BOX)		·		
B. If amending the registered agent and/or register registered agent and/or the new registered office address Name of New Registered Agent:		our records, enter t	he name of t	ne new
New Registered Office Address:				
Now Registered Office Address.	Enter Florid	da street address		
		, Florida		
	City		Zip Code	
New Registered Agent's Signature, if changing Registered	Agent:			
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance of n nt as provided for in C	ny duties, and I am fa hapter 605, F.S. Or, i	miliar with a f this docume	nd
	If Changing Registered Age	nt, Signature of New Reg	istered 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>	<u>Name</u>	Address	Type of Action
AMBR	MEGHAN HICKEY	718 GRACIE CT, DELAND FL 32	
			Remove
			Change
	•		□ Remove
		-, <u>-, -, -, -, -, -, -, -, -, -, -, -, -, -</u>	Change S
			☐ Remove
			☐ Changer
			Add
			□ Remove
			Change
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fective date, if other than the dan effective date is listed, the date must bote: If the date inserted in this block cument's effective date on the Department's	e specific and cannot be p k does not meet the ap	rior to date of filing o plicable statutory f	or more than 90 days after	ional) or filing.) Pursuant to 605.020' is date will not be listed as
record specifies a delayed e The 90th day after the recor		not an effectiv	ve time, at 12:01	a.m. on the earlier o
MAY 25TH	2016			
		·		
- Ministra	gnature of a member or			

Page 3 of 3

Filing Fee: \$25.00