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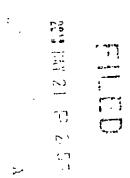
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

Division of	f Corporations			
Sheffi SUBJECT:	elds Quality Tree Services, LLC			2.13 1.2. 2 1 1.7.
30b)ECT	Name of Lin	nited Liability Company		
The enclosed Article	es of Amendment and fee(s) are sul	omitted for filing.		
Please return all con	respondence concerning this matter	to the following:		
	Harvey Shawn Sheffield	ı		
		wallity Tree Services, LLC Name of Limited Liability Company mendment and fee(s) are submitted for filing. dence concerning this matter to the following: Harvey Shawn Sheffield Name of Person Sheffields Quality Tree Services, LLC Firm/Company 9339 Bahia Loop Address Land O Lakes, FL 345639 City/State and Zip Code sqts16@gmail.com E-mail address: (to be used for future annual report notification) cerning this matter, please call: 10		
	Sheffields Quality Tree	Services, LLC		
		Firm/Company	····	
	9339 Bahia Loop			21 17 6
		Address		
	Land O Lakes, FL 3456	39). [5.13
		City/State and Zip Code	·	
				2
		·	ication)	- ()
For further informat	ion concerning this matter, please of	all:		1
Harvey Shawn Sh	effield		· ·	(
Na	ame of Person	Area Code Daytim	e Telephone Number	
Enclosed is a check	for the following amount:			
□ \$25.00 Filing Fe		Certified Copy	Certificate of Status & Certified Copy	
м	AILING ADDRESS:	STREET/COUR	ER ADDRESS:	

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

TO:

Registration Section

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION OF**

Sheffields Quality Tree Services, LLC				
(Name of the Limited Liability Come (A Florida Limited	pany as it now appears of d Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Compar	ny were filed on4/	26/2018	_ and assig	ned
Florida document numberL16000077825				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lis	ability company here	2 :		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the des	ignation "LLC" or the abbre	viation "L.L.	C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
			75.3 12.7 	
Enter new mailing address, if applicable:				<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	···		. 5.3	
		· · · · · · · · · · · · · · · · · · ·	7)	<u> </u>
B. If amending the registered agent and/or registered	office address on o	our records, <u>enter the</u>		the nev
registered agent and/or the new registered office address he	ere:		<u>1</u>	
Name of New Registered Agent:				
New Registered Office Address:				<u> </u>
	Enter Florida	u street address		
	Cit	, Florida	···	
Name Danietanad Agantie Signature if shanging Daniet	City ••		Zip Code	
New Registered Agent's Signature, if changing Registered Agen	<u> </u>			

N

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>	<u>Name</u>	<u>Address</u>	Type of Action
MOR 4 MBR	Harvey Austin Sheffield	9335 Bahia Loop	
		Land O Lakes, FL 34639	■ Remove
			Change
			□ Add
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(If an effect Note: I docume	ve date, if other than ctive date is listed, the date f the date inserted in th nt's effective date on the	must be specific an is block does not a ne Department of	d cannot be prior to meet the applicab State's records.	le statutory filin	ore than 90 days at g requirements,	this date wil	I not be listed	l as th
	ord specifies a dela 90th day after the			an effective t	ime, at 12:0:	l a.m. on	the earlier	of:
Dated_	May 15		2018	_ •				
_	Ha	Signature of a	member or authori	zed representative	of a member			
				•				

Page 3 of 3

Filing Fee: \$25.00