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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO:		istrátion Sec sion of Corp				,
CHID I	ECT:	81Trees, LL				
SUPI	ECT.			ited Liability Company		-
The e	nclosed	Articles of A	amendment and fee(s) are sub-	mitted for filing.		
Please	ereturn	all correspon	dence concerning this matter	to the following:		
			Rory B. Weiner			
				Name of Person		_
			Rory B. Weiner, PA			
				Firm/Company		
			635 W. Lumsden Road			
				Address		
			Brandon, FL 33511			
				City/State and Zip Code		
			rweiner@roryweiner.com			_
				to be used for future annual rep	ort notification)	
For fu	ırther in	formation co	ncerning this matter, please ca	all:		
Rory	B. Wei			813 681-3		
		Name of	Person	Area Code	Daytime Telephone Numb	per
Enclo	sed is a	check for the	e following amount:			
■ \$2	25.00 Fi	ling Fee	☐ S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Certifical Certification	Filing Fee, cate of Status & ed Copy nat copy is enclosed)

MAILING ADDRESS:

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

81Trees, LLC	
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Company)	oears on our records.) y)
The Articles of Organization for this Limited Liability Company were filed on Florida document number L16000154457	8/17/16 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	<u>/ here</u> :
The new name must be distinguishable and contain the words "Limited Liability Company," the	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)	SEP SEP
3. If amending the registered agent and/or registered office address	on our records, enter the name of the
registered agent and/or the new registered office address here:	2: 5)
Name of New Registered Agent:	
New Registered Office Address:	Florida street address
Enter .	r toriau sireet aduress
	, 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 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>	Address	Type of Action
MGR	James Wilson	505 Dewolf Road	Add
		Brandon, FL 33511	■ Remove
MGR	Jason Wilson	505 Dewolf Road	
		Brandon, FL 33511	Remove
			Change
			Add
			Remove
			Change Add
			□ Remove
			Add
			Remove
			Change
			Remove
			□ Change

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	16 SEP 19 N	16 SEP 19 74	16 SEP 19 PM 2: 51	Effective date, if other than the date of filing:							
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	16 SEP 19 N	16 SEP 19 74	16 SEP 19 PM 2: 51	Effective date, if other than the date of filing:						-	
	16 SEP 19 74	16 SEP 19 78	16 SEP 19 M 2:51	Effective date, if other than the date of filing:						<u> </u>	
	16 SEP 19 74	16 SEP 19 78	16 SEP 19 M 2:51	Effective date, if other than the date of filing:							
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Filing Fee: \$25.00