

416000163039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

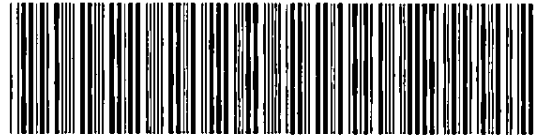
(Business Entity Name)

(Document Number)

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2017 AUG 10 P 4:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE  
AUG 10 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ANOTHER TREE EXPERT LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANTONIO GIDDENS  
Name of Person

ANOTHER TREE EXPERT LLC  
Firm/Company

1228 McCaskill Ave.  
Address

TALL, FLA.  
City/State and Zip Code

ANTONIO.GIDDENS@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANTONIO GIDDENS at (950) 210-8410  
Name of Person Area Code Daytime 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/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

2017 AUG 10 P 4:30  
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TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

ANOTHER TREE EXPERT LLC

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

The Articles of Organization for this Limited Liability Company were filed on 09-01-14 and assigned  
Florida document number L160001163539.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

ANTONIO GIDDENS  
1228 MCCASKILL AVE

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

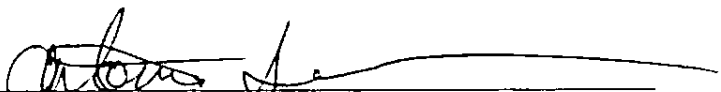
New Registered Office Address:

ANTONIO GIDDENS  
1228 MCCASKILL AVE.  
Enter Florida street address  
TAI Florida  
City

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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.*

  
Antonio Giddens  
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>	<u>Type of Action</u>
MGR	ANTONIO GIDDENS	1228 MCCASKILL AVE	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ANQUETTA GIDDENS		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

2017 JUN 10 P 4 30  
TALLAHASSEE, FLORIDA

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2017 AUG 10 P 4: 30  
SECRETARIAT OF FLA  
TALLAHASSEE, FLORID


2017 AUG 10 P 4: 30  
SICILIANO, J. J.  
TALLAHASSEE, FLORIDA

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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated

8/10/2017

  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Angela the Gidder

Typed or printed name of signee