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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Palm Shures Tree Service, 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:
Gail Wood Name of Person
Palm Shores Tree Service, LLC Firm/Company
2370 Oak Creek Circle
Palm Shores FL 32935 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Gail Wood at (321) 610-4235 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee \& Certificate of Status \$\Bigcup Certificate of Status \& Certified Copy (additional copy is enclosed) \$\Bigcup 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Service	, LLC
bility Company)	ecorus.)
ere filed on 9 - 8	-2016 and assigned
ty company here:	
Company," the designation	"LLC" or the abbreviation "L.L.C."
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ce address on our re	cords, enter the name of the new
Enter Florida street d	address
City	_, Florida
	ere filed on

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 Title <u>Name</u> **Address** Type of Action Michael William 2370 Oak Creek Circle DAdd MGR Palm Shores FL 32935 KRemove 2370 Oak Creek Circle DAdd alm Shores FL 32935 Remove Change Crail Thibideou 2370 Oak Creek Circle & Add Palm Shores FL 32935 D Remove ☐ Change # D Sand Trap Lane XAdd Stefanie D. Lucy Melbourne, FL 32935 □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change

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Page 3 of 3

Filing Fee: \$25.00