## 116000195066

(Re	equestor's Name)	
(Ac	idress)	
(Ad	ddress)	/
(Ci	ty/State/Zip/Phone	e #)
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## **COVER LETTER**

TO:	Registration Se Division of Cor			
CUBIE		SERVICES LLC		
SUBJE	cci:	Name of Lim	nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		TRACEY C HIGGINBOT	ГНАМ	
			Name of Person	<del>.</del>
		HIGGINBOTHAM COM	PANIES INC	
			Firm/Company	<del></del>
		3790 N US I		
			Address	
		COCOA FL 32926		
			City/State and Zip Code	
		TCHIGGINBOTHAM@HI		
		E-mail address: (	to be used for future annual report notif	ication)
For fur	ther information co	oncerning this matter, please co	all:	
TRAC	EY C HIGGINBO	ТНАМ	321 632-5726 at ()	
	Name of	f Person	Area Code Daytimo	e Telephone Number
Enclose	ed is a check for th	ne following amount:		
<b>=</b> \$25	5.00 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DP TREE SERVICES LLC				
(Name of the Limi	ted Liability Comp (A Florida Limited	any as it now appears on Liability Company)	our records.)	
The Articles of Organization for this Limited L		were filed on $\frac{10/21/2}{1}$	016	_ and assigned
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name o	of the limited liab	oility company here:		
N/A The new name must be distinguishable and contain the v	·			
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the design	ation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applic		_N/A		
(Principal office address MUST BE A STREE	ET ADDRESS)			
			<u> </u>	<u> نوب                                    </u>
Enter new mailing address, if applicable:		N/A		72.7
(Mailing address MAY BE A POST OFFICE	BOX)			
				<u> </u>
B. If amending the registered agent and registered agent and/or the new registered o			records, enter the	e name of the nev
Name of New Registered Agent:	DIPASQUALI	E, ROBERT M		
New Registered Office Address:	347 WILLIAM	IS POINT BLVD		
-		Enter Florida st		
	COCOA		, Florida <u>32927</u>	· · · · · · · · · · · · · · · · · · ·
		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
OWNER	DIPASQUALE, ROBERT M	347 WILLIAMS POINT BLVD	Add
		COCOA FL 32927	■ Remove
			Change
MGR	DP PROPERTY SERVICES LLC	347 WILLIAMS POINT BLVD	Add
		COCOA FL 32927	□ Remove
			☐ Change
			Add
			Remove
			Change
			Premove Control Remove
			Change U
			Add
			□ Remove
			Change
			Add
			□ Remove
			□ Change

	N/A
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	JANUARY 1, 2017
ective	e date, if other than the date of filing: (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605
te: If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste
umen	t's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie Oth day after the record is filed.
,	our day after the record is meas
ad M	IARCH 17, 2017
ed	
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00