

L16000207116

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

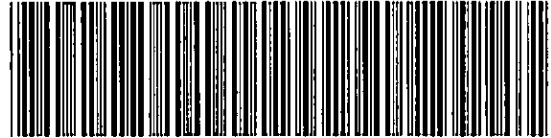
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600366441716

05/01/21--0103F--000 **82.00

7/8/21
[Signature]

FILED
JUL 1 2021
[Signature]

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KEENAN 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:

TARA KEENAN
Name of Person

KEENAN Tree Service LLC
Firm/Company

216 UNION TRL. Unit B
Address

Palm Coast, FL 32164
City/State and Zip Code

TARASLUCK20@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TARA KEENAN at (386) 801-3242
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

KEENAN TREE SERVICE 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 11-28-2016 and assigned Florida document number L16000207116

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)

216 ULLIAN TRL Unit B
Palm Coast, FL 32164

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

216 ULLIAN TRL Unit B
Palm Coast, FL 32164

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:

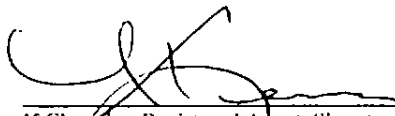
TARA KEENAN

New Registered Office Address:

216 ULLIAN TRL Unit B
Enter Florida street address
Palm Coast, Florida 32164
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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Daniel Keenan	5657 CARIBBEAN CIR.	<input type="checkbox"/> Add
		Keystone HT, FL 32636	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	TARA KEENAN	216 ULLIAN TRL Unit B	<input checked="" type="checkbox"/> Add
		Palm Coast, FL 32164	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

This image shows a single page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. On the left side, there is a faint vertical margin line. A few small, dark specks are scattered on the page, likely due to scanning artifacts or dust. The overall appearance is that of a clean, unused sheet of notebook paper.

E. Effective date, if other than the date of filing: May 25, 2021 (optional)

(If an effective 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 605.0207 (3)(b)

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

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated May 25, 2021

Daniel Kumar / Jewel Kumar
Signature of a member or authorized representative of a member

Daniel Keenan / Jewel Keenan
Typed or printed name of signee

三

Filing Fee: \$25.00