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O SIMMONS JAN 16 2020

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: South Florida Tree Care 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:
Rame of Person
Firm/Company
1771 SE 17th St Apt 457 Address
Fort Carderdale FL 33316 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytine Telephone Number
Enclosed is a check for the following amount: S25.00 Filing Fee
(additional copy is enclosed) Certified Copy (additional copy is enclosed) (additional copy is enclosed)

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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

(Name of the Limited I	iability Company	as it now appears o	n our records.)	2019.E SECH TAL	#25 M *
The Articles of Organization for this Limited Liabi Florida document number	<u>473</u> .	ere filed on Ty	ine 9.7	SECRETARY OF STATE	igned Ti
A. If amending name, enter the new name of th	<u>e limited liabili</u>	ty company here	<u>:</u>	'	
The new name must be distinguishable and contain the word	te LL s "Limited Liability	Company," the desi	ignation "LLC" or th	ne abbreviation "L	.L.C."
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A		1721 Fort La	SE 17 avderdal	e FL	<u>Apt</u> 457 33316
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)		Fort	5 E 17	ale, FL	<u>333</u> 16
B. If amending the registered agent and/or reg agent and/or the new registered office address	istered office at <u>here</u> :	iaress on our rec	enter the	name of the ne	
Name of New Registered Agent: New Registered Office Address:	1721	SE IS	7 + \(\) \(APT	452
	Fort L	cin Cin	ے Florid	a 333 Zip Code	316_

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
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			Remove
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(If an effective date is Note: If the date i	other than the date of f listed, the date must be specifi nserted in this block does to we date on the Department	e and cannot be prior to not meet the applica	o date of filing or mor ble statutory filing	(opti e than 90 days afte requirements, thi	r filing.) Pur	suant to (not be l	505.0207 (3 isted as th
the record specifies a cord is filed.	delayed effective date, bu	t not an effective tir	ne, at 12:01 a.m. oi	the earlier of: (b) The 90	th day a	fter the
Dated Dece	Signature	ichel J	MM	f a member			-
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