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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	ACVIS TOO	ited Liability Company	LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Debra	Johnson Name of Person	
	JArvi	5 Transport	LUC
	1712 4	14 Ave	
	Wellbor	n, 7-L 32	2094
	Show Anne	Treesupplier (egmail. 60 M
For further information c	oncerning this matter, please ea	all:	
Debra	Johnson Person	at Area Code Daytime	-5886 Telephone Number
Enclosed is a check for th	c following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$69.00 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 ARTICLES OF ORGANIZATION **OF**

ARTICLES OF A TO ARTICLES OF OI OF	MENDMENT BETTER TO THE PROPERTY OF THE PROPERT
JAMES OF the Limited Liability Company (A Florida Limited Liability Company)	e as it now appears on our records.) distility Company)
The Articles of Organization for this Limited Liability Company we Florida document number $4/60022967$	vere filed on 1 2 00 00/6 and assigned.
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability Suwannee Tree Suppl The new name must be distinguishable and contain the words "Limited Liability	lier 1 LC
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NA
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA.
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our records, enter the name of the new registered
Name of New Registered Agent: New Registered Office Address:	Inter Finada street address , Florida
	City: Zip Code

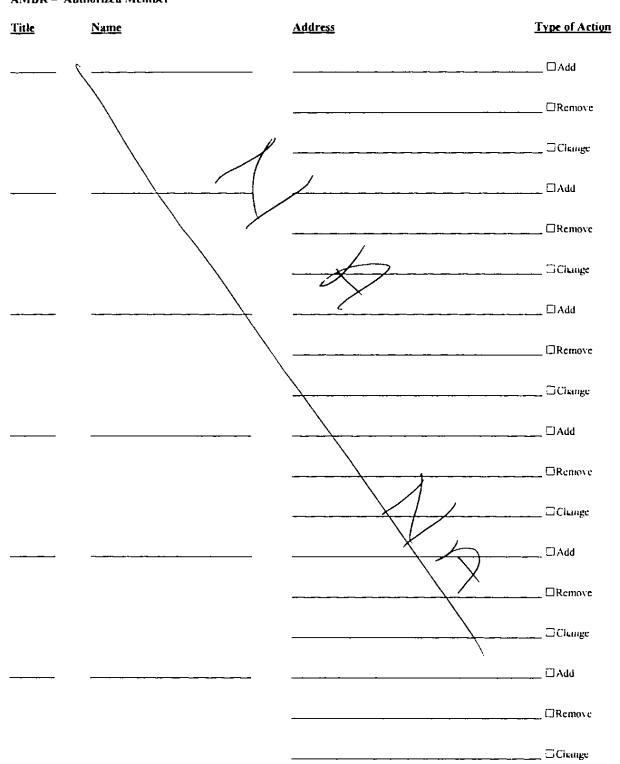
New Registered Agent's Signature, if changing Registered Agent:

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



. If ame	ading any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe Note:	The date, if other than the date of filing:
he 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 d.
Dated _	January 15 2020
	Delore Johnson
	Signature of a member of authorized representative of a member Debra Johnson
	Debra Johnson

Filing Fee: \$25.00