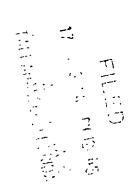
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		(C	ity/State/Zip/Phone	e #)
		PICK-UP	☐ WAIT	MAIL
		(B	usiness Entity Nar	ne)
	-	(D	ocument Number)	
Certi	fied Co	ppies	Certificates	s of Status
Spe	ecial In	structions to	Filing Officer:	
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#### **COVER LETTER**

TO: Registration Sec Division of Corp SUBJECT: TA	retts Lawn	Case and Isee	Service LLC
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	Galarocce	Name of Person  Call Call And  Firm/Company  He Hulle Sta  Address  Peter HL 33711  City/Stary and Zip Code	Tree Service th
	E-mail address: (		ication)
For Amber information to	ncerning this matter, please ca	at (72) 479	-8210 Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	S30.00 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

- Cometts Lource	we and tree sen	co, LLC
(A Flori	ility Company as it now appears on our da Limited Liability Company)	records.)
he Articles of Organization for this Limited Liability lorida document number \( \bigcup \bigcup \frac{1}{1000} \bigcup \frac{4532}{532} \)	Company were filed on $\frac{2/2}{1}$ .	7 (2017) and assigned
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the lin	nited liability company here:	
ne new name must be distinguishable and contain the words "Li	mited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	(RESS)	
nter new mailing address, if applicable:		
failing address MAY BE A POST OFFICE BOX)		
		-1: -1
If amending the registered agent and/or regi	stered office address on our re	cords, enter the name of the n
gistered agent and/or the new registered office ad-	dress here:	
Name of New Registered Agent:		
	· · · · · · · · · · · · · · · · · · ·	****
New Registered Office Address:	rrl	
	Enter Florida street a	<i>IULITESS</i>
		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 = M $AMBR = A$	lanager authorized Member		
Title AMUL	Garrett Production	Address 428154 Au South Scipt Peter Durg, Fl 33711	Type of Action  Add
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Page 3 of 3

Filing Fee: \$25.00