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J. HARRIE

COVER LETTER

TO:	Registration Se Division of Cor			
SUBJI		DWORKING LLC		
JOBJI		Name of Limi	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		ALEX MENDOZA		
			Name of Person	
		TPD TREE SERVICE LLC		
			Firm/Company	
		PMB152 40 W NINE MIL	E RD #2	
			Address	
		PENSACOLA, FL 32534		
			City/State and Zip Code	
		THEPEARLDESIGNS@YA		
		E-mail address: (t	o be used for future annual report notific	ration)
For fur	ther information c	oncerning this matter, please ca	all:	
ALEX	MENDOZA		850 525-9743	
	Name o	f Person		Telephone Number
Enclos	ed is a check for th	ne following amount:		
□ \$ 2	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

TPD WOODWORKING LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	 _
ne Articles of Organization for this Limited Liability C	Company were filed on APRIL 19, 2017	and assigned
orida document number L17000060874	<u>_</u> :	
is amendment is submitted to amend the following:		
If amending name, enter the new name of the lim	ited liability company here:	
PD TREE SERVICE LLC		
ne new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		2618
Principal office address MUST BE A STREET ADDI	RESS)	וץ" בי ב ירו
		* " "
		••••
nter new mailing address, if applicable:		. <u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
Tuning dadress may be a rost of received		
. If amending the registered agent and/or regisgistered agent and/or the new registered office add	•	enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Enier r ioriaa sireei aadress	
·	, Flori	
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager ·

AMBR = Authorized Member <u>Address</u> **Type of Action** <u>Title</u> <u>Name</u> □ Add ☐ Remove ☐ Change _□ Add ☐ Remove _□ Change _□ Add □ Remove _□ Change _□ Add _□ Remove __ Change □ Add _□ Remove _□ Change · · _□ Add _□ Remove ☐ Change

				
				<u> </u>
				
**				
		 		
				
ctive date. if other than the d	ate of filing:		(optional)	
ctive date, if other than the d effective date is listed, the date must be: If the date inserted in this block	e specific and cannot be pro	or to date of filing or more the	in 90 days after filing.) F	Pursuant to 605.02
ument's effective date on the Dep			mements, this date wi	in not be fisted
ecord specifies a delayed	effective date, but i	not an effective time,	at 12:01 a.m. or	n the earlier
ne 90th day after the recor	d is filed.			
. FEBRUARY 20	2018			
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Filing Fee: \$25.00