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(Red	questor's Name)	
(Add	dress)	
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(Ćit	y/State/Zip/Phone	<u> </u>
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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COVER LETTER

Div	ision of Corp	porations		
SUBJECT:		ervice LLC		
CODJECT.		Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor			
		Alex Mendoza		
			Name of Person	
		TPD Tree Service LLC		
			Firm/Company	
		40 W Nine Mile Rd #2 PM	IB152	
			Address	
		Pensacola, FL 32534		
		service@tpdtrees.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	cation)
For further in	nformation co	oncerning this matter, please ca	all:	
Alex Mendo	уд			
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for th	e following amount:		
□ \$25.00 F	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:

TO:

Régistration Section

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 Tree Service LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as It now appears on our record Liability Company)	<u>ds.</u>)
he Articles of Organization for this Limited Liability Company	were filed on April 19, 2017	and assigned
lorida document number L17000060874		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	oility company here:	
ne new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	C" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		AR R T
		SSS 10
nter new mailing address, if applicable:		ा उ
Mailing address MAY BE A POST OFFICE BOX)		FISHER OF
		(p)=
. If amending the registered agent and/or registered oggistered agent and/or the new registered office address her		
Name of New Registered Agent:		
New Registered Office Address:	······································	
	Enter Florida street addre	255
		lorida
	City	7ip 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</u> <u>or removed from our records</u>:

MGR = ·Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Alicia Mendoza	609 Dye St Pensacola, FL 32534	■ Add
			☐ Remove
		-	Change
			☐ Remove
			Change
			Add Add
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Page 3 of 3

Typed or printed name of signec

Filing Fee: \$25.00