

L17000085330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

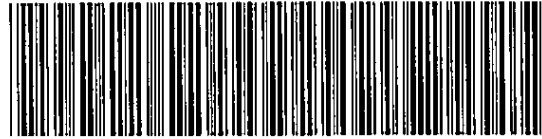
(Business Entity Name)

(Document Number)

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17 OCT -3 PM 12:55
CLERK OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

OCT 04 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Life and Limb Tree Service, L.L.C.
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:

Jacob M. McClamma
Name of Person

Life and Limb Tree Service, LLC.
Firm/Company

1669 S. Evergreen Avenue
Address

Clearwater, FL 33756
City/State and Zip Code

Jacobmcclamma727@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jacob M. McClamma at (727) 688-5706
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 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

Life and Limb Tree Service L.L.C

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/17/2017 and assigned
Florida document number L17000085330.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

11069 S. Evergreen Avenue
Clearwater, FL 33756

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

11069 S. Evergreen Avenue
Clearwater, FL 33756

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

11069 S. Evergreen Avenue
Enter Florida street address
Clearwater, Florida 33756
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

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OCT - 3 2017
12:55
CLERK OF DISTRICT COURT
STATE OF FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Jacob M. McClamina	1669 S. Evergreen Ave Clearwater, FL 33756	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the 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 record is filed.

09/26/2017

Jacob M. McComm
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Jacob M. McClamma

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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17 OCT -3 PM 12:55
FEDERAL BUREAU OF INVESTIGATION
FBI - TAMPA, FLORIDA