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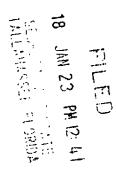
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COVER LETTER

Division of Corporations
SUBJECT: Pro Trim Tree Services LLC 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:
Caleb Baker Name of Person
Pro Trim Tree Services LVC Firm/Company
PU BOX 24 Address
City/State and Zip Code Caleba protrintrees con E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Laleb Batter at (407) 462-1605 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration 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

	Le services LLC
(A Florid	ty Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability (Florida document number <u>L170000</u> 9	Company were filed on $\frac{4/28/2017}{4.417}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDI	RESS)
	, 12
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, enter the name of the new lress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

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 **Title** Name Address Type of Action MGR Janet Thompson 1149 East Ohio Ave, DAdd
Miller
Lake Helen, FL, Fremove ☐ Change □ Add □ Remove _□ Change □ Add ☐ Remove _____ □ Change _□ Remove _□ Change _**D** Add _□ Remove Change _D Add ☐ Remove

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ective date, if other than the date of effective date is listed, the date must be sp	pecific and ca	annot be pri	or to date o	f filing or m	ore than 90 c	_ (option	ling) Pursuar	nt to 605.	.02
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Filing Fee: \$25.00