## 47000 203143

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(Ac	ldress)	
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## **COVER LETTER**

Divi	sion of Corp	oorations					
		ida Tree & Debris, LLC.					
Name of Limited Liability Company							
The enclosed	Articles of /	Amendment and fee(s) are subt	nitted for filing.				
Please return	all correspor	ndence concerning this matter	to the following:				
		Robert C. Van Allen					
			Name of Person	<u></u>			
		Central Florida Tree & Del	bris, LLC.				
		<del></del>	Firm/Company				
		12445 US Hwy 301					
			Address				
		Dade City, Florida 33525					
		bva.mcs@gmail.com	City/State and Zip Code				
			to be used for future annual report notiti-	cation)			
For further in	formation co	oncerning this matter, please ca	all:				
Robert C. Va	ın Allen		813 813-610-9518				
	Name of	Person	at ()	Telephone Number			
Enclosed is a	check for th	e following amount:					
■ \$25.00 F	iling 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:

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

Central Florida Tree & Debris, LLC.

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

(A Florida Limited Liability Company)

(A F	Florida Limited Liability Company)				
The Articles of Organization for this Limited Liabil Florida document number <u>L17000203143</u>	lity Company were filed on 10-2-2017 and assigned				
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	e limited liability company here:				
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	e:				
(Principal office address MUST BE A STREET A	(DDRESS)				
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO)  B. If amending the registered agent and/or registered agent and/or the new registered office  Name of New Registered Agent:  New Registered Office Address:	registered office address on our records, enter the name of the new				
	Enter Florida street address				
_	. Florida				
	City Zip Code				
New Registered Agent's Signature, if changing Regi	stered Agent:				
provisions of all statutes relative to the proper a accept the obligations of my position as register	gent and agree to act in this capacity. I further agree to comply with the and complete performance of my duties, and I am familiar with and red agent as provided for in Chapter 605, F.S. Or, if this document is istered office address, I hereby confirm that the limited liability inge.				

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Alfredo Carrillo	32818 Old Saint Joe Road, Dade City, Florida 33525	■ Add
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an effect	tive date is li:	sted, the date m	ust be specif	fic and ca	annot be pri	or to date o	f filing or m	re than 90	days after 1	iling.) Pursuant to (	605.0207
		serted in this I e date on the					utory filing	; requirem	ents. this	date will not be l	isted as
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			Signature	of a me	mber or aut	horized rep	presentative	of a membe	Γ		
			Č			·					
		. Van Allen									

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Filing Fee: \$25.00