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(Req	uestor's Name)	
(Addr	ress)	
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(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	me)
(Doce	ument Number)	
Certified Copies	Certificates	s of Status
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SECRETARY TO THE IT

FEB - 4 2020

COVER LETTER

TO: Registration Se Division of Cor		•			
	FREE CARE LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Nick Wilmot				
		Name of Person			
	Debbie's Accounting Servi	ce, Inc			
Firm/Company					
	3575 Southside Blvd				
		Address			
	Jacksonville				
		City/State and Zip Code			
	dgfreeman01@gmail.com	to be used for future annual report no	atition lock		
For further information of	e-man address: (-	ottic attori)		
Nick Wilmot		904 733-4547 at ()			
Name o	f Person	Area Code Dayt	ime Telephone Number		
Enclosed is a check for t	he following amount:				
臣 \$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 Addre Registration	Section	Street Address: Registration S			
Division of C P.O. Box 632	=		Division of Corporations The Centre of Tallahassee		
Tallahassee,			2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BUDGET TREE CARE LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our recliability Company)	ords.)
The Articles of Organization for this Limited Liability Company	were filed on 10/12/2017	and assigned
Florida document number L17000211613		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
D Dog Tree Service, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "I	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
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		الله الله الله
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		1 0
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>em</u>	ter the name of the new regist
igent and/or the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	dress
		Florida
	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, 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
			□Add
			□Remove
			□Change
			□Add
			20 Change
			□Add
			□ □ Kemove
			□ □ □ Change
			\ \ \ \ \ \ _
			□Remove
			□Change
			□Add
			□Remove
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			□Add
			□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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ive date, if other than the date of fective date is listed, the date must be spe	of filing:			(optional)	

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.

Signature of a member or authorized representative of a member