## L17000 211 613



(F	Requestor's Name)	<del></del>
(A	Address)	
(A	Address)	
(C	City/State/Zip/Phone #)	
☐ SICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
([	Ocument Number)	<del></del>
Certified Copies	Certificates of :	Status
Special Instructions to	o Filing Officer:	
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Office Use Only



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## COVER LETTER

Division of Corporations		
SUBJECT: FLORIDA TREE REMOVAL 21C		
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:		
Darrel Freenan		
FLORIDA TREE REMOVE LLC		
5381 WINROSE FALLS OR		
Mak SUNVING /2 32258		
S381 WINROSE THUS OR  Address  Mark Sunuling 12 37258  City/State and Zip Code  City/State and Zip Code  E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Darre J Treeman at (934) 226-3037  Name of Person Area Code Daytime Telephone Number		
Enclosed is a check for the following amount:		
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,  Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)		
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations		

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 Co		and assigned	
Florida document number 17006 21161	13	6 BANY	
This amendment is submitted to amend the following:		CCIMALLY 6 BAY	
A. If amending name, enter the new name of the limit	ed liability company here:		
D DOG TREE	SORVICE ILC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LL	C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	ESS)	20.	
		50 F	
		in N	
Enter new mailing address, if applicable:		To	
(Mailing address MAY BE A POST OFFICE BOX)			
		CO CO	
		<u> </u>	
B. If amending the registered agent and/or registered	office address on our records, ente	1.1 -	
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
riew registered office riddress.	Enter Florida street addre	255	
	r	Torida	

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
AMBR	TAMER TEREBULA	5381 WINROSE FAZES DR	_Zod
		S381 WINROSE FARES DR OACUSONUME 12 37758	Remove
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). If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing:  (optional)  ective 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)(  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
f the record ecord is fil	d 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 ed.
Dated	9-19-10, 2024 Offanil Tax
	Signature of a member or authorized representative of a member
	Darrel Freena
	Typed or printed name of signee