

L17000248570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☒ MAIL

(Business Entity Name)

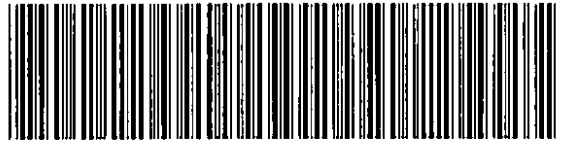
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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Reliable Tree Service & Landscape Solutions 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:

Alex Jackson  
Name of Person

\_\_\_\_\_  
Firm/Company

6545 NW DANNY BLACK RD BRISTOL FL  
Address

BRISTOL FL 32321  
City/State and Zip Code

mrrepair2@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alex Jackson at (850) 443-5286  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

reliable tree & LANDSCAPE SOLUTIONS LLC

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ and assigned Florida document number 417000248570

## reliable tree & LANDSCAPE SOLUTIONS

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

(Mailing address MAY BE A POST OFFICE BOX)

Page 1 of 3

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>
AMBR	Alex JACKSON	6545 NW DANNY	<input checked="" type="checkbox"/> Add
		BLACK RD BRISOL FL	<input type="checkbox"/> Remove
		32321	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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(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.

Dated 7-31-18 . \_\_\_\_\_

Alex [unclear]

Signature of a member or authorized representative of a member

Typed or printed name of signee