L18000001131

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: The Carty and Care 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:
Randy Itt Halkacke
Firm/Company
7812 St Johns Rd
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Pandy Iff Halfacte at 870, 421-2890 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tree DX LLC

(Name of the Limited	Liability Compa Florida Limited I	ny as it now appears on o Liability Company)	ur records.)		
The Articles of Organization for this Limited Lia Florida document number <u>L 1800000113</u>)	bility Company	were filed on <u>JON</u>	uarya.20	Kand assigne	ed
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of (the limited liab	ility company here:			
The new name must be distinguishable and contain the wo	COYC (LC lity Company." the designa	ation "LLC" or the abb	reviation "L.L.C.	**
Enter new principal offices address, if applical		7812 St Land 01 34638	Johns r Lakes F	2d	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>eox</u>)	7812 St Land 0 1 34638	Johns F akes Fi	2d 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SECOPE F
B. If amending the registered agent and/o registered agent and/or the new registered off			records, <u>enter (</u>	the name of	the new
Name of New Registered Agent: New Registered Office Address:	Rand	ly Lee 1 St John	Jairac	NG H	### ## ##
	land (Enter Florida st TUNKTS City	reet address, Florida	34u3 Zip Code	8

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.

f Changing Registered Apopt, 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>	Name	Address	Type of Action
			□ Remove
			☐ Change
			☐ Remove
			☐ Change
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			Remove
			Change

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Filing Fee: \$25.00