Office Use Only

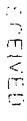


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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Tree tops of Tallahassee, UC 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:
Kristeene H Allison
Firm/Company
2910 Kerry Forest PKWy Suite D412 502 113
Tallahassec. Fl. 32309
All Sontree Svc @ amay com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kristeene H. Allison at (850) 509-6705 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) \$\Bigcup \$25.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certified Copy (cadditional 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**

I vee TOPS OF TUL	lahassee, UU
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now <u>appears on our records.</u>) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 1-19-2018 and assigned
Florida document number $L18060017503$.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Allison Tree SVO.UC	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2910 Kerry Forest PKNU
(Principal office address MUST BE A STREET ADDRESS)	Suite D4-232
	tallanassee, Fl. 32309
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	9
	3 3
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, 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 amendir or remove	amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:					
MGR = N	= Manager R = Authorized Member					
<u>Title</u>	Name	Address	Type of Action			
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Effect	e date, if other than the date of filing:	al) ing.) Pursua ate will no	nt to 60: t be list	- 5.0207 ted as
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Page 3 of 3

Filing Fee: \$25.00