## 418000026938

(Re	questor's Name)	
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ALLAHASSEE, FLORIDA

2022 JUH 17 AM II: 18

SEP - **6** 2022 S. **PRATHER** 

## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

	Service, 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:		
	Stephanic Smith			
	Name of Person			
	SAS Tree Service, LLC			
		Firm/Company	10 10 10 10 10 10 10 10 10 10 10 10 10 1	
	16908 NW US Highway 4	41		
		Address	_	
	High Springs, Florida 326-	43		
		City/State and Zip Code		
	michellesasoffice@gmail.co			
		to be used for future annual report notil	ication)	
For further information c	oncerning this matter, please ca	all:		
Stephanie Smith		386 454-5261 at ( )		
Name of Person		Area Code Daytime Telephone Number		
Enclosed is a check for th	ne following amount:			
■ \$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 Addres Registration 9		<u>Street Address:</u> Registration Sec	tion	
Division of Corporations		Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

7.

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SAS Tree Service, LLC			22 JL
(Name of the Limit	ed Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	JUN 17
The Articles of Organization for this Limited Li Florida document number L18000026938  This amendment is submitted to amend the following the control of the		y were filed on <u>01/30/2018</u>	and assigned Hill 17
A. If amending name, enter the new name of	the limited lia	bility company here:	
N/A			
The new name must be distinguishable and contain the w	ords "Limited Liab	ility Company," the designation "LLC" or the a	bbreviation "L.L.C,"
Enter new principal offices address, if applicable:		N/A	
(Principal office address MUST BE A STREE	TADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		16908 NW US Highway 441 High Springs, Florida 32643	
B. If amending the registered agent and/or reagent and/or the new registered office address		address on our records, enter the nar	ne of the new registered
Name of New Registered Agent:	N/A		
New Registered Office Address:		Enter Florida street address	<del></del>
		, Florida	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 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	Stephanie Smith	16908 NW US Highway 441	<b>=</b> Add	
		High Springs, Florida 32643	□Remove	
			Change	
			□ Remove	
		<del> </del>		
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D. If amending any other in	formation, ente	er change(s) here	e: (Attach additio	nal sheets, if neces.	sary.)	
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E. Effective date, if other that (If an effective date is listed, the d. Note: If the date inserted in document's effective date on	ate must be specific this block does n	and cannot be prior to of meet the applica	able statutory filing	ore than 90 days after fil	ing.) Pursuant to 60	
If the record specifies a delayed e record is filed.	ffective date, but	not an effective tir	me, at 12:01 a.m. o	n the earlier of: (b)	The 90th day aft	er the
Dated		2022	•		EL.	2022
					32 T	11 1 NUE 2002
<u>_                                  </u>	Signature o	of a member or autho	rized representative o	of a member	<u> १०४</u> ।।।- ।।।-	17 A
Stuart Alan Smith	, Sr.				<u> </u>	= -

ETP ET CAR OF

Typed or printed name of signee