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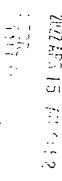
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COVER LETTER

TO:

TO:	Registration Section Division of Corporations	,
SUBJE	CT: King's Tiee Care LLC Name of Limited Liability Company	
	Company	
The enc	losed Articles of Amendment and fee(s) are submitted for filing.	
Please r	eturn all correspondence concerning this matter to the following:	
	Rey Enrique Borja Gonzalez	
	King's Tree Care, LLC Firm/Company	
	4574 Brinson Lane	
	Tallahassee, FL 32311 City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For furt	her information concerning this matter, please call:	
<u> </u>	Pey Entique Borja Gonzalez at (850) 405- 7535 Name of Person Area Code Daytime Telephone Number	
Enclose	ed is a check for the following amount:	
□ \$25	5.00 Filing Fee Solution Status Solution Status Certificate of Status Certificate of Status Certified Copy 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 CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kings Tree (Name of the Limited L	Carl, LA	it now appears on or	ur records)		
(A F	lorida Limited Liabil	ity Company)		. 1	
The Articles of Organization for this Limited Liabil Florida document number <u>82 - 468 16 36</u>	ity Company wer	e filed on <u>2011</u>	3 March 7	7 1 h and as	signed
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	limited liability	company here:			
The new name must be distinguishable and contain the words	"Limited Liability C	ompany," the designat	ion "LLC" or the abb	oreviation "I	L.C."
Enter new principal offices address, if applicable	<u> </u>				
(Principal office address MUST BE A STREET A	DDRESS) _			7.73	ລ ວ

				C 1 3	· ·
Enter new mailing address, if applicable:	_				·
(Mailing address MAY BE A POST OFFICE BO)	X)			:	
<u> </u>	<u> </u>			· · · · · · · · · · · · · · · · · · ·	
	_				
B. If amending the registered agent and/or regis agent and/or the new registered office address he		ess on our record	s, <u>enter the name</u>	e of the no	<u>ew reg</u> istered
Name of New Registered Agent:	Rey Eni	ique Borj	a Eonzal	£7	
New Registered Office Address:	<u>4574 Brî</u>	Son Lane Enter Florida str	eet address		
_	Talle	chassee	, Florida	3231 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 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 **Title** Address Type of Action Name MGR Rey Enrique Borja Genzalez 4574 Brinson Lane DAdd Tullahassee, FL 32311 - Remove Change AMBR Rey Enrique Boija GORALET (Sami as above) DAdd __ 🗀 Remove _____ □Add □ Remove ___ □Change \square Add Remove ____ Change □Remove _ DChange □Add □Remove

_____ □Change

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Filing Fee: \$25.00