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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Charles Abbey'S TREE Service LCC
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:
Charles Abouts There Service UC
Firm/Company
3702 Dethan All
City/State and Zip Code Charles Francisc 152) GMail-Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (727), 953-5866 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Street Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

	2EE Service 440 ny as it now appears on our records.)
(A Florida Limited L The Articles of Organization for this Limited Liability Company Florida document number <u>L1800007654</u>	were filed on $03/26/20/8$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	Community of I C'' and add a sign of I C''
Enter new principal offices address, if applicable:	3702 Dotton lie
(Principal office address MUST BE A STREET ADDRESS)	Spring Hill FL 34609
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3702 Dothan Aue 5 SPring Hill FL 34609.
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records. enter the name of the new registered
Name of New Registered Agent: 1 Orry	Abberl
New Registered Office Address: 3702	Dothan Aul Enter Florida street address
_Span	34609 City Storida 346009 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Charles Abbel	3702 Dotten Ac	GAdd
	·	Spring Hill Fl 34609	□Remove
		3702 Drithan Au	
MBR	Tarry Albay	Spring Hill FZ 34609	QAdd-
			Remove
			□Change
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an effe ote:	ve date, if other than the date of filing:	applicable statuto	ng or more than 90 da ry filing requiremen	(optional) lys after filing.) Purs nts, this date will i	uant to 605.0207 not be listed as
record Lis file	I specifies a delayed effective date, but not an effected.	tive time, at 12:0	I a.m. on the earlie	r of: (b) The 90t	n day after the
ated_	07/28/23	 ·			
	Signature of a member of	r authorized represe	entative of a member		
	Tarry Ab	W(1			

Filing Fee: \$25.00