

L1800011201

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

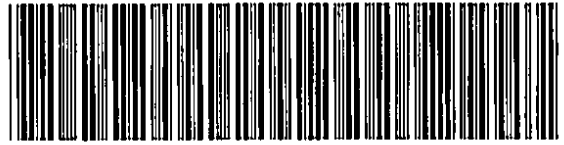
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
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N COOPER

AUG 01 2018

LAW OFFICE OF
TED W. WEEKS IV, P.A.
2117 HARDEN BOULEVARD
LAKELAND, FLORIDA 33803-5918

TED W. WEEKS, IV
ATTORNEY AT LAW

863-802-5000
FAX: 863-686-3533

July 17, 2018

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

Re: New Beginnings Tree Service, LLC

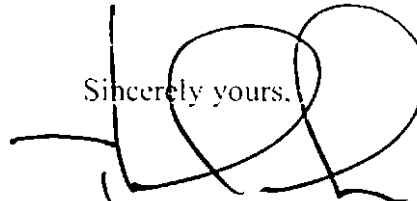
Dear Sir / Madam:

Enclosed with this letter, as it relates to the above-referenced matter, please find the following enclosures:

1. Articles of Amendment to Articles of Organization;
2. Payment in the amount of \$25.00 (Check No. 7562).

In the interim, please do not hesitate to contact my office at the number listed above should you have any questions or concerns.

Sincerely yours,

A handwritten signature in black ink, appearing to be 'Ted W. Weeks, IV', written over the words 'Sincerely yours,'.

Ted W. Weeks, IV

TWW/jr
Enclosures (as indicated)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NEW BEGINNINGS TREE SERVICE, 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:

Ted W. Weeks IV, Esq.

Name of Person

Ted W. Weeks IV, P.A.

Firm/Company

2117 Harden Blvd.

Address

Lakeland, FL 33803

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ted W. Weeks IV

at ()

863

Area Code

802-5000

Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
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**

NEW BEGINNINGS TREE SERVICE, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/03/2018 and assigned
Florida document number 118000111201.

This amendment is submitted to amend the following:

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 Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

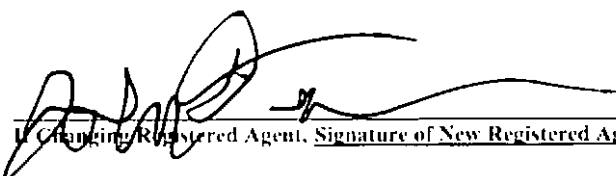
Name of New Registered Agent: John R. Draper Jr.

New Registered Office Address: 1703 E. Elm Rd.
Enter Florida street address

Lakeland Florida 33801
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.


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>	<u>Address</u>	<u>Type of Action</u>
MGR	John R. Draper Jr.	1703 E. Elm Rd.	<input checked="" type="checkbox"/> Add
		Lakeland, FL 33801	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Nicole Draper	1703 E. Elm Rd.	<input checked="" type="checkbox"/> Add
		Lakeland, FL 33801	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Nicole Richmond Jr.	1703 E. Elm Rd.	<input type="checkbox"/> Add
		Lakeland, FL 33801	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Nicole Draper	1703 E. Elm Rd.	<input type="checkbox"/> Add
		Lakeland, FL 33801	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

July 17, 2018

Signature of a member or authorized representative of a member

John R. Draper Jr.

Typed or printed name of signee