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(Requ	estor's Name)	
(Addre	ess)	
(Addr	·	
(City/S	State/Zip/Phone #)	
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	ness Entity Name)	,
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### **COVER LETTER**

#### **Registration Section Division of Corporations**

Dirmeyer H	ome Services LLC .		
Jacc 1	Name of Lim	ited Liability Company	<del></del>
enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
ise return all correspo	ndence concerning this matter	to the following:	
	Drew Dirmeyer		
		Name of Person	
		Firm/Company	<del></del>
	2647 Bucida Dr		
		Address	
	Sarasota, FL 34232		
		City/State and Zip Code	
	dirmeyerservices@outlook.		
	E-mail address: (	to be used for future annual report notif	ication)
r further information c	oncerning this matter, please co	all:	
ew Dirmeyer		941 374-0150 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
closed is a check for the	ne following amount:		
§ \$25.00 Filing Fce	☐ \$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 Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

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

# TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dirmeyer Home Services LLC

110- -T FICHT

If Changing Registered Agent, Signature of New Registered Agent

(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on ou lability Company)	r records.)
Articles of Organization for this Limited Liability Company v	were filed on <u>5/8/2018</u>	and assigned
da document number L18000115358		
amendment is submitted to amend the following:		
f amending name, enter the new name of the limited liabil	lity company here:	
neyer Tree Services LLC		
ew name must be distinguishable and contain the words "Limited Liability	ty Company," the designati	on "LLC" or the abbreviation "L.L.C."
r new principal offices address, if applicable:		
ncipal office address MUST BE A STREET ADDRESS)		
<del></del>		
r new mailing address, if applicable:		
iling address MAY BE A POST OFFICE BOX)		
f amending the registered agent and/or registered office act and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	ddress on our records  Enter Florida stre	
		Florida
	City	Zip Code
Registered Agent's Signature, if changing Registered Agent:		
eby accept the appointment as registered agent and agre	e to act in this capaci	ty. I further agree to comply with t

= Manager R= Authorized	i Member			
Nam	<u>e</u>	Address	2230 -7 PH 3:17	Type of Action
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ve date, if other than the d	ate of filing:	(optional) e of filing or more than 90 days after filing.) Pursu	
ective date is listed, the date must be If the date inserted in this bloce ent's effective date on the Dep	k does not meet the applicable:	statutory filing requirements, this date will no	an to 603.020 of be listed a
d specifies a delayed effective of ed.	late, but not an effective time, a	at 12:01 a.m. on the earlier of: (b) The 90th	day after the
October 04	2020		
Im Des	ignature of a member or authorized		
5	enature of a member or authorized	representative of a member	