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	Address)	
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SECRETARY OF STATE OHVISION OF CORPORATIONS

N COOPER MAY 2 9 2018

COVER LETTER

Division of Corporations
SUBJECT: FRANK and O Thee Bervices 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:
Odny Geste Name of Person
FRANK and O TREE Services LLC
3910 Pinz Ridge Rd
Orlando FL 32808 City/State and Zip Code
GESTC. Dany O yahoo. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Odry Geste at (371) 9454319 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe

MAILING ADDRESS:

TO:

Registration Section

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

500116 - 10	THE 110
(Name of the Limited Liability Compar	2) Seevices LLC av as it now appears on our records.)
(A Florida Limited L	ay as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company	were filed on $\frac{5/9/2018}{}$ and assigned
Florida document numberL189991166	
This amendment is submitted to amend the following:	- 1 L 1899916646
č	
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	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u> 9
(Principal office address MUST BE A STREET ADDRESS)	3
	AY SHE
	52 F CO
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	80 K
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	•
thereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am familiar with and vovided for in Chapter 605, F.S. Or, if this document is
If Chanc	ping 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	Name	Address	Type of Action
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fective date, if other an effective date is listed, to tee. If the date inserted ocument's effective date	d in this block does not	t meet the applicab	o date of filing or more oldestatutory filing	(optional te than 90 days after filing requirements, this date) g.) Pursuant to 60, e will not be list	5.020' ted as
e record specifies a The 90th day after	a delayed effective r the record is filed	date, but not 1.	an errective tir	ne, at 12:01 a.m.	on the earli	ier o
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Filing Fee: \$25.00