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COVER LETTER

TO: Registration So Division of Co			
suвјест: <u>Веа</u>	Ver Boyz LL	ced Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing,	
Please return all correspo	ondence concerning this matter to	o the following:	
	Tu	10 Thomas	
		Name of Person	
		Firm/Company	
	404 E St	reet	
	•	Address	
	Coloa, Fl.	3292C	
	Thenus E-mail address: (to	City/State and Zip Code - Uren 2 (cyma be used for future annual report notif	ich (C17)
For further information c	concerning this matter, please cal		,
Tyren	Thomas of Person	at (<u>321)</u> 431 – Area Code Daytime	2608
		·	·
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Beaver Boyz	LLC	_
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability Control of Organization for this Limited Liability Control of Con	Company were filed on 5/10/2018 and	assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>	ited liability company here:	
Beaver Boyz Tree Ser	VICE LLC	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or the abbreviation	"L.IC."
Enter new principal offices address, if applicable:	<u> </u>	ŀ.
Principal office address MUST BE A STREET ADDI	RESS)	
		l.
Enter new mailing address, if applicable:		-
Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	
If amending the registered agent and/or regis registered agent and/or the new registered office add	stered office address on our records, <u>enter the nam</u> cress here:	<u>ie of the ne</u>
eginera agent and an include a control and		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City Zip Co	de

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	Anthony Suttell	6190 Allmont St CoCoa Fl 32927	D Add
			□ Remove
			Change
			Add
			Remove
			☐ Change
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	specifies n day afte				e, but no	ot an ei	fective	time,	at 1	2:01 a.	.m. on th	ne earli
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