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☐ PICK-UP	☐ WAIT	MAIL			
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ALL AND CONTRACTOR

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Erik'S 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:
Firm/Company
Name of Person
Firm/Company
8320 SW 2021d Ave
Dunellon FL 34431
8320 SW 2021 Ave Address Dimellon FL 34431 City/State and Zip Code E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Soseph Bushey at (465) 431-6411 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy 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

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) Florida document number 618000 137031 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) K320 Sw 2021 Are Dunnellanti 3144 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address , Florida City

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
MOL	JOYPH BUSHEY	4067 S High had Street Inventor FL3	Add Add
			□ Remove
			Change
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If amending ar	ny other information, enter	change(s) here: (Attach	additional sheets, if nece	ssary.)
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Filing Fee: \$25.00