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COVER LETTER

O: Registration Section Division of Corporations			
JBJECT: CTreeheard Consider of Limit	on Struction Sol	intions LLC	
te enclosed Articles of Amendment and fee(s) are subneuse return all correspondence concerning this matter to	_		~3
<u>Many</u> Greenhen	Name of Person Name of Person Firm Company	ЩС	275 (FI) -5 D D
Key Laro	Address O FL 33 City/State and Zip Code O be used for fining annual report nout	037 DW	ر. د
E-mail address: (to or further information concerning this matter, please cal		ication)	
Narry WALL	at (305) Area Code Daytime	- 0873 e Telephone Number	_
iclosed is a check for the following amount:	FIRST OD UUU UU UU	FI 670 00 100- 15.	
\$25.00 Filing Fee	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fe Certificate of \$1 Certified Copy (additional copy is)	tatus &
MAILING ADDRESS: Registration Section	STREET/COURI Registration Sectio		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Treenheur Con	struction Solution	ons LLC
(Name of the Limited Liability Co (A Florida Limi	ompany as it now appears on our record ited Liability Company)	<u>ds.</u>)
ne Articles of Organization for this Limited Liability Comporida document number 41 8000 137378	pany were filed on	2018 and assigned
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited	liability company here:	~3. -3 -3
e new name must be distinguishable and contain the words "Limited I	.iability Company." the designation "LLC	or the abbreviation L.L.C.
iter new principal offices address, if applicable:		<u> </u>
rincipal office address MUST BE A STREET ADDRESS	S)	77,
		<u> </u>
);
iter new mailing address, if applicable:		
lailing address MAY BE A POST OFFICE BOX)		+ 11 +
If amending the registered agent and/or registered gistered agent and/or the new registered office address		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre.	33
		lorida
	City	Zip Code

ew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ring filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability impany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

|GR = | Manager | MBR = Authorized Member

i <u>tle</u>	Name	Address	Type of Action
<u>Sa</u>	Many WALL		Add
	•	1208 Cactus St	Remove
		1208 Cactus St Key Lugo Ft 33037	Change
			□ Remove
***************************************			Add
			Remove [†]
			☐ Change
			🗆 Add
			□ Remove
			Change
		-	
			□ Remove
			☐ Change
			☐ Remove
			Change

Remove: Nancy NWALL	
1206 Cactus St	
Key Largo FL 33037	
<u> </u>	
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	55
	. ·
date, if other than the date of filing: (o	ptional)
we date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days a he date inserted in this block does not meet the applicable statutory filing requirements,	ifter filing.) Pursuant to 6
's effective date on the Department of State's records.	
d specifies a delayed effective date, but not an effective time, at 12:0	1 a.m. on the ear
oth day after the record is filed.	
7-3-18	

Page 3 of 3

Filing Fee: \$25.00