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08/15/23--01013--018 **25.00

COVER LETTER

TO:

TO: Registration So Division of Cor			
Kings Land	scaping and Tree Removal LL	C	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Bernard king		
		Name of Person	
	KINGS LANDSCAPING	AND TREE REMOVAL LLC	
		Firm√Company	
	4808 SANOMA VLG		
		Address	
	ORLANDO FL 32810		;
		City/State and Zip Code	;
	KINGSLANDSCAPING2@		. •
	E-mail address: (to be used for future annual report noti	fication)
For further information of	oncerning this matter, please c	all:	់ ហុ . បំរ
BERNARD KING		828 390-8254	
Name o	f Person		e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed)
Mailing Address Registration	 -	Street Address: Registration Se	ction
Registration Section Division of Corporations		Division of Cor	
P.O. Box 632	.7	The Centre of T	allahassee
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KINGS LANDSCAPING AND TREE REMOVAL LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{06/11/2018}{2}$ and assigned Florida document number L18000143570 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) 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

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.

Cirv

If Changing Registered Agent, Signature of New Registered Agent

. Florida

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>	Name	Address	Type of Action
MGR	COREY MCCALL	5665 WESTVIEW DRIVE	■Add
	ORLANDO, FL 32810	□Remove	
			Change
			□Add
		-	
			□Change
			☐Remove ○ ○ ○ ○ ☐Change
			□Add
			Remove
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ctive date, if other than the	date of filing:		(optional)	
effective date is listed, the date must <u>e:</u> If the date inserted in this blo	be specific and cannot be priously does not meet the appli	r to date of filing or more the cable statutory filing requ	an 90 days after filing.) Pursuant to 605 uirements, this date will not be list	i.020 ed a
iment's effective date on the De	partment of State's records	š.		
ord specifies a delayed effective filed.	date, but not an effective t	ime, at 12:01 a.m. on the	e earlier of: (b) The 90th day afte	rth
ed	. 2023	<u> </u>		
Georg	1K			

Filing Fee: \$25.00