

**L18000 157101**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: K & G Professional Tree Service  
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:

Edward Gray  
Name of Person  
K & G Professional Tree Service  
Firm/Company  
4306 Lynn Ct.  
Address  
N. Ft. Myers, FL 33903  
City/State and Zip Code  
KG proftreeservice@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Edward Gray at (239) 440-4639  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing Fee    ☒ \$30.00 Filing Fee & Certificate of Status    ☐ \$55.00 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

K & G Professional Tree Service

Page 1 of 3

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>          | <u>Address</u>                  | <u>Type of Action</u>                      |
|--------------|----------------------|---------------------------------|--|
| <u>mgr</u>   | <u>Cody Kreutzer</u> | <u>3800 Central Ave Apt 307</u> | <input type="checkbox"/> Add               |
|              |                      | <u>Ft. Myers, FL 33901</u>      | <input checked="" type="checkbox"/> Remove |
|              |                      |                                 | <input type="checkbox"/> Change            |
|              |                      |                                 | <input type="checkbox"/> Add               |
|              |                      |                                 | <input type="checkbox"/> Remove            |
|              |                      |                                 | <input type="checkbox"/> Change            |
|              |                      |                                 | <input type="checkbox"/> Add               |
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|              |                      |                                 | <input type="checkbox"/> Change            |
|              |                      |                                 | <input type="checkbox"/> Add               |
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|              |                      |                                 | <input type="checkbox"/> Remove            |
|              |                      |                                 | <input type="checkbox"/> Change            |


[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

November 5<sup>th</sup>, 2018



Signature of a member or authorized representative of a member

Typed or printed name of signee