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## **COVER LETTER**

то:	Registration Division of C			
SUBJEC	ст:		Limited Liability Company	nie
The encl	losed Articles (	of Amendment and fee(s) are	submitted for filing.	
Please re	cturn all corres	pondence concerning this mat	tter to the following:	
		Edw	Name of Person	
			Professional Tree	Sorvice
		4306 1	Lyru Ct. Address	
		KG or E-mail addres	City/State and Zip Code  Of trul Service (2) 91 ss: (to be used for future annual report to	nail com
For furth	ner information	n concerning this matter, pleas	se call:	
_E	Award Name	GTOY c of Person	at (239) 44 Area Code Dayti	0-4639 me Telephone Number
Enclosed	f is a check for	r the following amount:		
□ <b>\$</b> 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, F1, 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

K& G Professiona	1 Tru Survice
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Gray's Arofessional Tre	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4306 Lyni Ct.
(Principal office address MUST BE A STREET ADDRESS)	N. Pt. Myers, FL. 33903
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4306 Lyni Ct. N. Ft. Myers, FL. 33903
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent: Edw	ard Bray
New Registered Office Address: 4306	Lyn Cf. Enter Florida street address
N. Pt.	City Code Store St
New Degistered Agent's Signature if changing Degistered Agents	

New Registered Agent's Signature, it 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 Title Name Address **Type of Action** Cody Kreutzer 3800 Central Ave Apt 307 0 Add Ft. Myers, Fl. 33901 Gremove □ Change □ Add □ Remove <u>↑</u>□ Change □ Remove \_□ Change ☐ Remove ☐ Change □ Remove □ Change □ Add ☐ Remove

☐ Change

	<del></del>
(If an e <b>Note</b>	ctive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of each day after the record is filed.
Dated	November 5th p. 2018.

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Filing Fee: \$25.00