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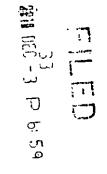
(Requestor	s Name)
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PICK-UP	WAIT MAIL
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Certified Copies Co	ertificates of Status
Special Instructions to Filing Of	ficer:
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November 27, 2018

DENA HILL 1430 MAGNOLIA DR CLEARWATER, FL 33756

SUBJECT: CANOPY TREE CARE, LLC

Ref. Number: L18000175357

We have received your document for CANOPY TREE CARE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 618A00024132

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Canopy Tree Care		
(Name of the Limited I	Jiability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi Florida document number L18000175357	lity Company were filed on 07/20/2018	and assigned
This amendment is submitted to amend the followi	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	. — — —
(Principal office address MUST BE A STREET A	IDDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	X)	1 ;
	registered office address on our records, ente	r the name of the ne
registered agent and/or the new registered office	e address here:	
Name of New Registered Agent:	A section of the contract of t	T in
New Registered Office Address:	Enter Florida street address	
	. Florida	
-	City	Zip Code

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
AMBR	Nicholas Minnie	1430 Magnolia Dr., Clearwater, FL 33756	■ Add
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fective date, if other than the neffective date is listed, the date mate: If the date inserted in this learnest's effective date on the learnest in the learnest interest in the learnes	plock does not meet the applicable	date of filing or more than 90 days aft e statutory filing requirements, th	t ional) er filing.) Pursuan iis date will not	t to 605.020 be listed a
record specifies a delaye The 90th day after the re		nn effective time, at 12:01	a.m. on the	earlier o
November 5	2018			
	ND HIOD			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00