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SECRETARY OF STATE

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MAY 3 0 2019

D CUSHING

COVERLETTER

Divi	sion of Corporations				
SUBJECT:	BIG BOYZ TREE SERVICE, I	LLC			
	Name of Limited Liability Company				
Dear Sir or N	Madam:				
The enclosed	I Registered Agent/Registered Offic	e Change and	I fee(s) are submitted for filing.		
Please return	all correspondence concerning this	matter to the	following.		
MENDEZ,	VICTOR J. JR.				
	Name of Person		_		
BIG BOYZ	TREE SERVICE, LLC				
	Firm/Company		_		
7780 49TH	H ST. N #410				
	Address				
PINELLAS	S PARK, FL 33781				
	City/State and Zip Code				
•	eservice@gmail.com				
	address: (to be used for future annua		Teatron)		
For further in	nformation concerning this matter, p	lease call:			
Victor J. M	endez Jr.	727 _at (433-5857		
	Name of Person		Area Code & Daytime Telephone Numbe		
	EET/COURIER ADDRESS: stration Section		AILING ADDRESS: egistration Section		
Division of Corporations Division of Corporations		-			
	Clifton Building P.O. Box 6327				
2661	Executive Center Circle	Та	allahassee, Florida 32314		
Talla	ihassee, Florida 32301				
Enel	losed is a check for the following a	mount:			
ॼ s:	25 Filing Fee	□ s.	55 Filing Fee & Certified Copy		

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INHS18 (2/14)

TO:

Registration Section

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BIG BOYZ TREE SERVICE, LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our record a Limited Liability Company)	<u>N.</u>)
The Articles of Organization for this Limited Liability (Company were filed on 7/25/18	and assigned
Florida document number L18000181692		
This amendment is submitted to amend the following:		:
A. If amending name, enter the new name of the lin	nited liability company here:	
N/A		
The new name must be distinguishable and contain the words "Li-	nited Liability Company," the designation "LLC	" or the abbreviation "L.I. C."
Enter new principal offices address, if applicable:	N/A	چې څخه 🗼 🚬
(Principal office address MUST BE A STREET ADD	RESS)	<u> </u>
		3.5 F (M)
		2 co
Enter new mailing address, if applicable:	N/A 	PH 5: 01
(Mailing address MAY BE A POST OFFICE BOX)		
		01
•		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office ad-		s, enter the name of the new
·		
Name of New Registered Agent: N/A		
New Registered Office Address:		
	Enter Florida street addre.	
		orida
	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. Thereby 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
MGR	Sabrina Ann Harrington	13575 58th St. N #100 Clearwater, FL 33760 —	•
			Remove
			Change
			D Add
		-	□ Remove
•	•		Change
:	<u></u>		
		·	: □ Remove
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			Add
	ı		□ Remove
;			Change
			Add ;
		,	□ Remove
			Change

No information should be cha	anged on the company, I am just adding Sabrina Ann Harrington as a
Manager to my LLC	
 	
	
	' 5/13/19
ctive date, if other than the	e date of filing: (optional)
	ast be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 slock does not meet the applicable scatutory filing requirements, this date will not be list
iment's effective date on the D	
	ed effective date, but not an effective time, at 12:01 a.m. on the earli
ne 90th day after the rec	cord is filed.
May 13th	2019
rd	
•	

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Filing Fee: \$25.00