L18000181692

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
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(Bu	siness Entity Nar	me)
(Do	cument Number)	
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U5/23/19--U1DU3--U16 **25.00



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COVER LETTER

	Registration Section Division of Corporations	•	
SURIFO	BIG BOYZ TREE SERVIC	CĒ. LLC	
590 Darie	N	ame of Limited	Liability Company
Dear Sir	or Madam;		
The encl	osed Registered Agent/Registered (Office Change a	nd fee(s) are submitted for filing.
Please re	turn all correspondence concerning	this matter to the	ne following:
MENDI	EZ, VICTOR J, JR.		
	Name of Person		·
BIG BC	DYZ TREE SERVICE, LLC		
	Firm/Company		
7780 4	9TH ST. N #410		
	Address	,	
PINELL	LAS PARK, FL 33781		
	City/State and Zip Code	2	· _
bigboya	ztreeservice@gmail.com		
E-r	nail address: (to be used for future a	innual report no	tification)
For furth	er information concerning this matt	er, please call:	
Victor J	J. Mendez Jr.	727 at (433-5857
	Name of Person		Area Code & Daytime Telephone Number
! (:	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2664 Executive Center Circle Fallahassee, Florida 32301	!	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, Florida 32314
i	Enclosed is a check for the followi	ng amount:	
į	¥ \$25 Filing Fee	j	\$55 Filing Fee & Certified Copy
INHSTS (2/14)		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BIG BOYZ TREE SERVICE, LLC		
(<u>Name of the Limit</u>	ed Liability Company as it now appea A Florida Limited Liability Company)	irs on our records.)
The Articles of Organization for this Limited Li lorida document number L18000181692		25/18 and assigned
his amendment is submitted to amend the follo	owing:	:
. If amending name, enter the new name of	the limited liability company b	nere:
WA .	•	· · · · · · · · · · · · · · · · · · ·
he new name must be distinguishable and contain the w	ords "Limited Liability Company," the	designation "LLC" or the abbres lation "L.L.C."
inter new principal offices address, if applic	able: N/A	
Principal office address MUST BE A STREE	T ADDRESS)	
nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	N/A BOX)	Ģ. F
. If amending the registered agent and/ gistered agent and/or the new registered of Name of New Registered Agent:		n our records, enter the name of the
New Registered Office Address:		
isew ixegistered Office Address.	Enter Flo	orda sircet address
		, Florida
	Cin	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.

11 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

;

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Sabrina Ann Harrington	13575 584 St. N #100 Clearwater, FL 33760	5
			∃ Add ;
			☐ Remove
			□ Change
			Crimige
			Add
			☐ Remove
	•		3
			Change
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			□ Change
	1		
			□ Remove
	·		☐ Change
	•		: □ Add
			Li Aud
			☐ Remove
			□ Change

No information should be cha	nged on the company, I am just adding Sab	rina Ann Harrington as a
Manager to my LLC		
<u> </u>		
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		<u> </u>
		5:1 5
	······································	
	5/13/19	
ffective date, if other than the an effective date is listed, the date mu Note: If the date inserted in this bocument's effective date on the D	it be specific and cannot be prior to date of filing cock does not meet the applicable statutory ((optional) or more than 90 days after filing.) Pursuant to 605.020 illing requirements, this date will not be listed a
e record specifies a delayed The 90th day after the rec		e time, at 12:01 a.m. on the earlier o
May 13th	2019	
	Signature of a member or authorized representa	type of a member
	•	/

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Filing Fee: \$25.00