## L18000194867

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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2020 JUN-5 PH 2: 17
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## **COVER LETTER**

TO: Registration Section

Tallahassee, FL 32314

Division o	f Corporations		
	JRES TREE DBA PPPAYMENTS	S	
SUBJECT:	Name of Li	mited Liability Company	<del></del>
The enclosed Article	es of Amendment and fee(s) are su	bmitted for filing.	
Please return all cor	respondence concerning this matte	er to the following:	
	JAMES HUTSON		
		Name of Person	
	NATURES TREE		
		Firm/Company	
	3071 NW 107 AVE		
		Address	
	DORAL, FL 33172		
		City/State and Zip Code	
	ADMIN@PPPAYMENT		
	E-mail address.	(to be used for future annual report not	ification)
For further informat	ion concerning this matter, please	call:	
JAMES HUTSON		786 610-4808	
N	ame of Person	Area Code Daytim	ne Telephone Number
Enclosed is a check	for the following amount:		
□ \$25.00 Filing F	ee S30.00 Fiting Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing A</u> Registrat	ddress: ion Section	Street Address: Registration Se	ction
	of Corporations	Division of Cor	
P.O. Box	•	The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NATURES TREE DBA PPPAYMI	ENT		
(Name of the Limit	ed Liability Com (A Florida Limited	pany as it now appears on our reco I Liability Company)	ords.)
he Articles of Organization for this Limited Li		y were filed on 8/14/2018	and assigned
orida document number 1.18000194867	·		
nis amendment is submitted to amend the follo	owing:		
. If amending name, enter the new name of	the limited lia	bility company here:	
e new name must be distinguishable and contain the w	ords "Limited Liai	oility Company," the designation "L	LC" or the abbreviation "L.L.C."
nter new principal offices address, if applic	able:	N/A	
rincipal office address MUST BE A STREE	T ADDRESS)		
			<b>920</b>
iter new mailing address, if applicable:		N/A	TILL STARK
Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
. If amending the registered agent and/or regent and/or the new registered office address	• *	e address on our records, ente	er the name of the new registe
Name of New Registered Agent:	N/A		
New Registered Office Address:		Enter Florida street adds	ress
		, 1	Florida 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	ERIC MORRIS	2917 KINGS WALK AVENUE	■Add
		MARIETTE, GA 30062	□Remove
			□Add
			□Remove
			□ Change
			CONTRACTOR TO THE CONTRACTOR OF THE CONTRACTOR O
			STATE DANG
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change

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Signature of a member or authorized representative of a member			. •					
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Filing Fee: \$25.00