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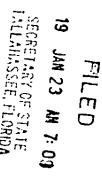
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Rodney Willis Florida Tree Service LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Roducy Willis Name of Person
Rodney Willis Florida Tree Service CLC
Po Box 80 Address
HASTINGS, Florida 32145 City/State and Zip Code Ruflorida Crave 1-C Aol. (om E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
RUNGY WILLS at 9H 268-2623 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status 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, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _____________________ and assigned Florida document number <u>L18000261230</u>. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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

in 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			
	MCD =	Managar	
AMRD = Authorized Member	MICH	Manager	
	AMRD =	Authorized Member	

<u>Title</u>	Name	Address	Type of Action
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ctive date, if other than the date of filing:effective date is listed, the date must be specific and cannot be prior to date of fi	(optional)
e: If the date inserted in this block does not meet the applicable statute iment's effective date on the Department of State's records.	ory filing requirements, this date will not be listed
ment of other date on the Department of State 3 records.	
ecord specifies a delayed effective date, but not an effe	ective time, at 12:01 a.m. on the earlier
ne 90th day after the record is filed.	
DAN 16 2019.	
Signatury of a member of authorized representation of a Typed or printed name of s	sentative of a member
- <i>,</i>	

Page 3 of 3

Filing Fee: \$25.00