



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : MMXVII CONSULTING LLC
Account Number : I20170000085
Phone : (954)736-7418
Fax Number : (786)916-3913

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: IAN@PERCHIKCPA.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TREECLOUD LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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MAY 29 2019

COVER LETTER

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**TO: Registration Section
Division of Corporations**

SUBJECT: TREECLOUD 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:

IAN PERCHIK, CPA

Name of Person

MMXVII CONSULTING LLC

Firm/Company

2625 WESTON ROAD - SUITE D

Address

WESTON, FLORIDA 33331

City/State and Zip Code

MMXVIICONSULTING@GMAIL.COM

E-mail address: (to be used for future annual report notification)

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AND
FILED
2019 MAY 23 AM 11:11

For further information concerning this matter, please call:

IAN PERCHIK, CPA

Name of Person

at (**954**) **736-7418**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| ☒ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee &
Certificate of Status | ☐ \$55.00 Filing Fee &
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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

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TREECLOUD LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/03/2019 and assigned
Florida document number L19000004222.

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)

**2625 WESTON ROAD - SUITE D
WESTON, FLORIDA 33331**

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**2625 WESTON ROAD - SUITE D
WESTON, FLORIDA 33331**

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:

MMXVII CONSULTING LLC

New Registered Office Address:

2625 WESTON ROAD - SUITE D

Enter Florida street address

WESTON

Florida

33331

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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGRM</u>	<u>GRETTER, GUSTAVO</u>	<u>2625 WESTON ROAD - STE D</u>	☐ Add
		<u>WESTON, FLORIDA 33331</u>	☐ Remove
		_____	☒ Change
<u>MGRM</u>	<u>PORTAS, MARIA</u>	<u>2625 WESTON ROAD - STE D</u>	☒ Add
		<u>WESTON, FLORIDA 33331</u>	☐ Remove
		_____	☐ Change
<u>MGR</u>	<u>NEAT SERVICES</u>	<u>7811 NW 66TH TER</u>	☐ Add
		<u>TAMARAC, FL 33321</u>	☒ Remove
		_____	☐ Change
		_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
		_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
		_____	☐ Add
		_____	☐ Remove
		_____	☐ Change

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SOUTHERD DISTRICT OF FLORIDA
TAMARAC, FLORIDA

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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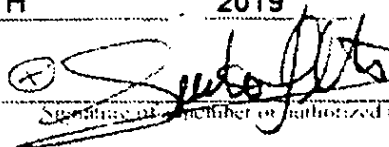
E. Effective date, if other than the date of filing: _____ (optional)

If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. (Pursuant to 065-0207 (3)(b))

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated MAY 19TH 2019



Secretary of a member or authorized representative of a member

GUSTAVO GRETER

Typed or printed name of signer

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