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Registration Sec		**** ***	4
Division of Corp		and Tree Serve	LLC
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лест: <u>— </u>	Hurcasie Fencin	y EC	
	Name of Linu	be Elabinty Company	
enclosed Articles of a	Amendment and fee(s) are subn	nitted for filing.	
e return all correspon	ndence concerning this matter t	o the following:	
	Coleman, 10	217	
	COLEMAN, 10	Name of Person	
	Affordable Fo	Firm Company	Service LLC
	9800 Beach	Bluck	
	Jacksonvill	· F1. 37746	
	sales@affo	City/State and Zip Code Cablefence Center o be used for future annual report notifi	· com
	E-mail address: (1	to be used for future annual report notifi	cation)
	oncerning this matter, please ca	all:	
Robert	Coleman	E41 508-	244
Name o	f Person	at (541) SOB- Area Code Daytime	Telephone Number
sed is a check for th	ne 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		Street Address: Registration Sec	rtion
Registration !	SCUTON .	Registration acc	eight.

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Lia (A Flo	My and	Trees	service 4	LK C	35	
(<u>Name of the Limited Lia</u> (A Flo	bility Compan rida Limited Li	<u>iy as it now app</u> iability Compan	<u>ears on our reco</u> y)	ords.)		يومب درمب
Articles of Organization for this Limited Liabilit	y Company v	were filed on	03/05	12019	_ and assigned	<u> </u>
da document number <u>41900054657</u>	· ·					? ~
amendment is submitted to amend the following	;;				· · ·	
Affor Lable Forcing ew name must be distinguishable and contain the words	Lanited liabil	lity company	here:	LC" or the abbr	eviation "L.L.C."	_
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ing address with DE 111 OBT OF THE BOTT	2					
amending the registered agent and/or regist t and/or the new registered office address her		ddress on ou	r records, <u>ent</u>	er the name	of the new regi	stered
Name of New Registered Agent:			. <u>.</u>			
New Registered Office Address:						_
		Enter	Florida street ada	lress		
_		Cin		Florida	Zip Code	
		City			zip Code	
rby accept the appointment as registered ag sions of all statutes relative to the proper ar	ent and agre	ee to act in th performance	us capacity. I of my duties.	further agre and I am fa	e to comply wi miliar with and this document	1

If Changing Registered Agent, Signature of New Registered Agent

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

R = Manager |BR = Authorized Member

<u>Name</u>	Address	Type of Action
martin Snylon	9800 Beach Blod	□Add
	9860 Beach Blud Jacksonillo Fl 32741	ZR emove
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