L19000056489

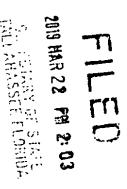
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
,
(Document Number)
,
Certified Copies Certificates of Status
Sertifica Supres Sertificates of States
Special Instructions to Filing Officer:

Office Use Only



700326492727

03/22/19--01017--013 **60.00



B BRUCE APR 0 3 2019

COVER LETTER

Division of Corpo	orations				
SUBJECT:	EMODELTREE	ELLC			
JOBSECT.	Name of Limi	ted Liability Company			
The enclosed Articles of Ar	mendment and fee(s) are subr	nitted for filing.			
Please return all correspond	lence concerning this matter t	to the following:			
	JOSEAH	INURASSIA			
		Name of Person	-		
		Firm/Company			
	7028 W.	WATERS WE	# 129		
		Address		:::: 😋	
	TAMBA	Address PL 3363 City/State and Zip Code	4	2019 HAR 23	7
		City/State and Zip Code		#	المحينين سيجين
	JING 67	5 @ GNAL. Cor o be used for future annual report notifi	u	S (4)	
	E-mail address: (t	o be used for future annual report notifi	ication)	70 E	LI
For further information con	cerning this matter, please ca	ill:		5	£
JOSEPH (NO	PASSIA	at (813) 538. Area Code Daytime	4453	- B	
wante of r	erson	Area Code Daytine	releptione (vailoer		
Enclosed is a check for the	following amount:				
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

MAILING ADDRESS:

TO:

Registration Section

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

REMODELTREE	ELLC	
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company w Florida document numberL 9 0 0 0 56 4 8 9	ere filed on 26 FEB 201	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ty company here:	
RTREE SENVICES		
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)	NA	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	h/4	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records, <u>ente</u>	
Name of New Registered Agent:	N/A	\$517 %
New Registered Office Address:		
	Enter Florida street address	
	, Florida _	<u>ာက</u> မ
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and I am ovided for in Chapter 605, F.S. Oi	familiar with and r, if this document is

Page 1 of 3

NA

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
			Remove
			□ Change
**			□ Add
			Remove
			Change
			□ Add
	b) 1,		Remove
	(Change
			TELEPHANE 2
			Change Change
		/	e;i
			Remove
			Change
			Add
			Remove
			☐ Change

	·												
				•									
									at .			_	
						-	_/						
						م م	, e ^{s e}						
	-	, 1	(. '								
		N	7		-								
				,	-	 •							
			, or										
			<u>.</u>					-		 			
								-				9 6103	•
				-							- 注 : 注:	HAR 2	•
	/	<u> </u>		<u> </u>							<u> </u>	. <u>C40</u>	
/											: []		
	_											<u> </u>)
										_			
Effective date fan effective dat Note: If the da document's eff	e is listed, the te inserted i	date must be spe n this block do	ecific and es not n	d cannot neet the	applica	to date of able state	filing or utory fili	nore than	90 days aft	tional) ter filing his date	.) Pursua	nt to 605. t be liste	.020 :d a
ne record sp The 90th d					out not	: an eff	fective	time, a	t 12 :01	a.m.	on the	e earlie	er d
Dated NA	net !	(Z)	, Sp1	, 20	3 19 3 de p	 							
		7.1			v						_		

Page 3 of 3

Filing Fee: \$25.00