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SECRETARY OF STATE DIVISION OF CORPORATIONS

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COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Division of C				
	iushhogging, Tree Trimming &	Palmetto Removal, LLC		
	Name of Lir	nited Liability Company		
	of Amendment and fee(s) are sul	•		
	Lisa Kersey			
		Name of Person		
	All Lot Bushhogging			≥ : □
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	PO Box 511482			SECRETARY OF STATE DIVISION OF CORPORATIONS 2023 OCT -2 PM 3: 16
		Address		CORY CORY
	Punta Gorda, FL 33951			OF STATE
		City/State and Zip Code		# # # # # # # # # # # # # # # # # # #
	alllotbushhogginglle@gma		·	o ₹
For further information	concerning this matter, please c	to be used for future annual report not all:	lication)	
Lisa Kersey		941 740-7300		
Name	of Person	at () Area Code Daytim	e 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)	LI \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is encle	
Mailing Addre Registration		Street Address: Registration Set		
DO BOUT OF	Corporations	Division of Cor	porations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

All Lot Bushhogging, Tree Trimming & Palmetto Removal, 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 3/4/2019 and assigned Florida document number 1.19000061589 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: All Lot Services, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation" 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 , Florida

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 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>	<u>Address</u>	Type of Action
MGR	Lisa R Tancer		□Add
		Lisa Kersey	[]Remove
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Filing Fee: \$25.00