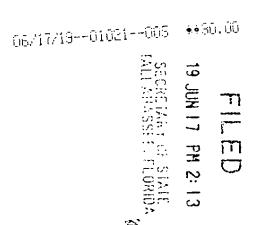
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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| SHR HOT. | | ONS TREE SERVICES LLC | | | | | | |
| SUBJECT: Name of Limited Liability Company | | | | | | | | |
| The enclose | d Anicles of | Amendment and fee(s) are sub | mined for filing. | | | | | |
| Please retur | n all correspo | ndence concerning this matter | to the following: | | | | | |
| | | JUSTIN J. LYNCH | | | | | | |
| | | | Name of Person | | | | | |
| | | ALL SEASONS TREE SE | ERVICES LLC | | | | | |
| | | | Firm/Company | | | | | |
| | | 824 ROBINSON AVENU | Е | | | | | |
| | | | Address | | | | | |
| | | ORLANDO, FL 32703 | | | | | | |
| | | | City State and Zip Code | | | | | |
| | | JUSTINJLYNNNN@GMA | | | | | | |
| | | E-mail address: (| to be used for future annual report notif | ication) | | | | |
| For further | information c | oncerning this matter, please co | all: | | | | | |
| JUSTIN J. | LYNCH | | 407 704-9090 | | | | | |
| | Name o | f Person | at () Area Code Daytime | · Telephone Number | | | | |
| Enclosed 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 tadditional 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

ALL SEASONS TREE SERVICES 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 $\underline{\text{MAY 16, 2019}}$ and assigned Florida document number _____L19000132783 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 "LLC." 824 ROBINSON AVENUE Enter new principal offices address, if applicable: ORLANDO, FL 32703 (Principal office address MUST BE A STREET ADDRESS) 824 ROBINSON AVENUE Enter new mailing address, if applicable: ORLANDO, FL 32703 (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: 824 ROBINSON AVENUE New Registered Office Address: Enter Florida street address , Florida 32703 Zip Code **ORLANDO**

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

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 |
|--------------|---------------|---------------------|----------------|
| AMBR | ADAM MILLS | 824 ROBINSON AVENUE | |
| | 4 | ORLANDO, FL 32703 | |
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| ective date, if other than the da reffective date is listed, the date must b | re of fiffing: especific and canr | not be prior to o | date of filing or | more than 90 day | (optional) ys after filing | .) Purst | uant to 6 | 05,020 |
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Typed or printed name of signee

Filing Fee: \$25.00